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FROM THE EDITORS

This year's *Advocates' Forum* continues in the tradition of previous editions by engaging topics that explore a range of issues relevant to social work and social justice. The 2015 journal reflects diverse interests and concerns within the field of social work: topics range from integrated clinical interventions to specific policy recommendations for sentencing practices. These articles demonstrate the commitment of the School of Social Service Administration to broadening the role of social workers in clinical, advocacy, and policy arenas. Two of the articles focus on clinical social work practice and propose innovative interventions to address a dually-diagnosed population and adolescent substance use. Two other articles explore the implications of Juvenile Life Without Parole sentencing and a family-focused approach to criminal justice sentencing for social workers within the criminal justice system—both timely topics given the political and criminal justice landscapes in Illinois and the United States. The final article outlines the potential for social workers to advocate for human rights and support public health in an era of epidemics. We would like to express our gratitude to the authors of this year's journal for their outstanding contributions and hard work in preparing their articles for publication. We would also like to thank Associate Professor Virginia Parks, our faculty advisor for *Advocates' Forum*, for her guidance and unwavering support; Daniel Listoe, Ph.D., our editing consultant, for his meticulous work with the authors; Julie Jung, Director of Communications; and Dean Neil Guterman. Finally, we would like to thank the editorial board and first-year editors for their dedication and hard work to ensure the journal's continued excellence.

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If you are interested in writing for the 2016 edition of *Advocates' Forum*, please contact Andrea Haidar at *ahaidar@uchicago.edu* or Jessica Smith at *jessicasmith@uchicago.edu*.

MINDFULNESS FOR OBSESSIVE-COMPULSIVE AND SUBSTANCE USE DISORDERS: TOWARD INTEGRATED TREATMENT OPTIONS FOR DUAL DIAGNOSES

Amy Nichols

Abstract

Many individuals diagnosed with a mental illness will also struggle with substance use in their lifetime. Yet, interventions for specific comorbidities are seldom used and scarcely researched. The following review will explore the efficacy of mindfulness-based therapies for obsessive-compulsive (OCD) and substance use disorders (SUDs), respectively, in order to inform the development of new interventions for this dually-diagnosed population. Based on the literature, two promising therapies stand out: Acceptance and Commitment Therapy (ACT) as well as a group-based therapy called Mindfulness-Based Relapse Prevention (MBRP). Key skills espoused by mindfulness-based approaches will be reviewed, and a combined intervention approach is proposed.

Almost 20 percent of all adults with a mental illness also experience comorbid substance use dependence (Substance Abuse and Mental Health Services Administration 2010). An estimated 45 percent of individuals in state and local prisons and jails experience comorbid mental health and substance abuse disorders (National Institute on Drug Abuse 2010). Social workers in social service, mental health, and substance use treatment settings should expect to engage, at one time or another, with clients suffering from dual diagnoses. Despite such rates of comorbidities, these disorders are still researched separately, and services for mental health and substance use are for the most part heavily segregated. Many providers "play 'pass the buck' with clients diagnosed with co-occurring disorders," claiming that symptoms of one disorder must abate before treatment for the other can begin (Mueser 2003; Surface 2008, 14). The current system is failing to reach this population with much-needed services: according to a 2010 study by SAMHSA, only 13.5 percent of clients with dual diagnoses received treatment for both disorders and 37.6 percent did not receive any treatment at all (SAMHSA 2010).

It is therefore the responsibility of the individual social work practitioner to provide a thoughtful, integrated approach to treating both disorders, the need for which is clearly great. As stated by the International Federation of Social Workers in its *Statement of Ethical Principles*, "social workers should be concerned with the whole person" (IFSW 2012). Thus, our field ought to be questioning current practices that attempt to divide a person's mental health into circumscribed categories treated disjointedly. New solutions are needed.

THE CHALLENGE OF DUAL DIAGNOSIS

Comorbidities present unique challenges in assessment, treatment, and evaluation. Symptoms from one disorder can be difficult to distinguish from symptoms of the other. Note how, for example, the symptoms associated with substance use withdrawal overlap with those of some diagnosed mental illnesses (Baillie et al. 2013; Brady and Verduin 2005). Studies have shown that treating each disorder in isolation—either with parallel or sequential approaches—typically will not suffice (Mueser 2003). In a sequential approach, stabilizing psychiatric symptoms without addressing substance use is rarely successful. An increase in symptoms of either disorder tends to worsen symptoms of the other; alcohol use, for example, has been seen to interact with anxiety in a "circular fashion, resulting in an upward spiral of both anxiety and problem drinking" (Kushner et al. 1990, 692). Poor communication and a lack of cohesion in treatment make parallel approaches similarly ineffective because the burden of integration falls on the client (Mueser 2003).

In particular, with clients presenting with Obsessive-Compulsive Disorder (OCD), substance abuse exacerbates OCD symptoms, limits insight, and lowers overall functioning (Mancebo et al. 2009). Research on effective treatments for individuals dually diagnosed with OCD and substance use disorders (SUDs) is limited. Kelly et al. (2012) suggest that because OCD is both least prevalent and most predictive of other disorders such as depression and anxiety, these diagnoses tend to take precedence in treatment and study design. Fals-Stewart and Schafer (1992) highlight the underreporting of OCD symptoms by clients, as well as the tendency of clinicians to overlook the disorder in clients presenting primarily with substance use at addiction treatment centers. This presents a key deficit, since studies have shown that over 30 percent of individuals with OCD also suffer from a SUD compared with 16.7 percent in the general population (Mueser 2003). Given the complexities of treating dually-diagnosed clients, a potential approach is to locate a single intervention that can be effective for both disorders.

This paper reviews recent findings on the use of mindfulness- and acceptance-based interventions for OCD and substance use, respectively, and from this suggests that Acceptance and Commitment Therapy (ACT) may be effective for both OCD and SUDs (Luoma et al. 2012; Twohig et al. 2006; Twohig et al. 2010; Zgierska et al. 2009). It outlines the basic mindfulness "ingredients" offered by alternative interventions studied. Promising results were found for a group-based therapy called Mindfulness-Based Relapse Prevention (MBRP) in the treatment of SUDs (Bowen et al. 2014). New interventions might draw upon components of ACT, MBRP, and other mindfulness-based manuals for OCD and SUDs in order to adequately address both disorders simultaneously (Bowen et al. 2010; Hannan and Tolin 2005; Hershfield and Corboy 2013; Hyman and Pedrick 2010; Twohig 2007). A potential intervention plan is then suggested that incorporates features of both ACT and MBRP. This intervention would include, but is not limited to, regular mindfulness practice (in-session and at home), assessment of "workability" of current behaviors, acceptance of distressing emotions and experiences, and engagement in values clarification and commitment activities.

LITERATURE REVIEW: MINDFULNESS- AND ACCEPTANCE-BASED THERAPIES FOR OCD

Exposure and Response/Ritual Prevention (ERP) for OCD has become something of an industry-standard. Nonetheless, it is estimated to be ineffective for anywhere between 15 percent and 50 percent of clients (Hanstede et al. 2008; Twohig et al. 2006). ERP requires clients to confront feared situations without engaging in habitual "safety" behaviors or compulsions. Individuals with so-called "pure" obsessions—clients with intrusive, obsessional thinking but no obvious compulsions (or covert compulsions)—respond particularly poorly to ERP (Abramowitz et al. 2008). To complicate matters further, since alcohol, "as-needed" (PRN) medications, and other drugs obstruct the direct experience of anxiety, ERP exposures are far less effective if the client is under the influence of any of these substances. For clients with this dual diagnosis, the prospect of confronting feared situations without the use of medication or substance use may be overwhelming. Unsurprisingly, between 5 and 25 percent of individuals will refuse ERP and another 3 to 25 percent will drop out of treatment due to the aversive nature of the technique (Twohig et al. 2006; Twohig et al. 2010).

Mindfulness- and acceptance-based therapies have been found far less aversive (Wahl et al. 2013). Furthermore, mindfulness skills contribute substantially to the reduction of meaning and significance of intrusive

thoughts, factors that largely explain the maintenance of OCD (Hanstede et al. 2008). In mindfulness-based interventions, clients are asked to observe, in a nonjudgmental way, their intrusive thoughts as "transient mental events"—not facts. In contrast to the goals of ERP—namely, anxiety reduction—the goal of these therapies is to promote client acceptance of anxiety and the potential to live fully in spite of aversive thoughts and emotions.

ACT, already widely used with a variety of disorders, is one mindfulness-based option for OCD. ACT helps clients to achieve greater cognitive flexibility by focusing on present-moment contact, acceptance, and *cognitive defusion* (changing the relationship with one's thoughts through distancing techniques). ACT also emphasizes purposefully engaging in values-driven behaviors in spite of any anxiety. This somewhat mirrors the functions of ERP, while enhancing motivation by remaining client-centered and engaging the client in discussions regarding personal values.

In a small, non-controlled study by Twohig et al. (2006), four individuals who met criteria for OCD participated in eight one-hour sessions of ACT. All four participants experienced decreased compulsions, lower scores on the Obsessive-Compulsive Inventory (OCI), Beck Depression Inventory, and Beck Anxiety Inventory, and rated the intervention as highly acceptable. Twohig et al. (2010) built on the results of this study with a randomized clinical trial: seventy-nine participants meeting criteria for OCD on the Structured Clinical Interview for DSM Disorders (SCID) were randomly assigned to either an ACT condition (n=41) using the same intervention as the aforementioned study, or a control condition (n=38) using Progressive Relaxation Training (PRT). Two participants in each condition were dually-diagnosed with a SUD. Clients in the ACT condition saw greater improvements on the Yale-Brown Obsessive-Compulsive Scale post-treatment and at three-month follow-up. The treatment was rated significantly more acceptable to participants, even when controlling for outcomes. Unfortunately, participants in the PRT condition were not told to use these strategies in response to obsessions and the PRT protocol used was briefer than the course recommended by studies supporting it. Both of these factors could have limited PRT as an effective control. A large strength of both studies is that the intervention is highly efficient in comparison with ERP. While this ACT intervention requires eight hours of clinical time, most studies on ERP are based on interventions that average 27.4 hours of total time spent in treatment (Twohig et al. 2010). The latter study thus exhibits higher rigor with respect to sample size and control condition. But in both studies the "packaged" nature of the ACT intervention meant mindfulness comprised

just one component, making it difficult to discern what the "active" ingredient might be.

Two additional studies were more successful at isolating the mindfulness skills effective for use with OCD. Hanstede et al. (2008) utilized a quasi random-assignment design to divide participants who scored significantly on the OCI-revised into mindfulness (n=8) and waitlist control (n=9) groups. Individuals in the mindfulness group received eight one-hour sessions of mindfulness skills, including a four-step sequence for handling psychological experiences (noticing, putting no energy, observing flow, returning to one's breathing) and a four-step mindfulness sequence to manage obsessions and compulsions. The mindfulness group experienced significant decreases on OCI-R scores. Unfortunately this study suffers from serious methodological limitations, including small sample size, poor control condition, lack of formal OCD diagnosis, and inappropriate randomization.

Wahl et al. (2013) used a loop tape exposure method to compare use of mindfulness with distraction strategies. The loop method, in which the client listens to recorded scripts of obsessive thoughts, is a potentially less aversive alternative to in-vivo ERP and more effective for "pure" obsessions. In this study, thirty clients were randomly assigned to a mindfulness condition (n=15) and a distraction condition (n=15). Written instructions for coping strategies per condition were displayed on a screen while the client listened to the tape. Individuals in the mindfulness group showed significantly greater reductions in anxiety levels and urges to neutralize, as measured by analog self-report scales. This study suffers from several limitations, such as small sample size, no post-treatment follow-up, and self-report subjectivity. However, it also bears one important strength: it indicates that mindfulness skills—frequently thought to require significant practice to cultivate—might be taught and implemented briefly with immediate results.

LITERATURE REVIEW: MINDFULNESS- AND ACCEPTANCE-BASED THERAPIES FOR SUDS

The literature on mindfulness for substance use disorders (SUDs) suggests that the technique could be highly effective in dealing with the primary risk factors of SUDs: craving and negative affect (Witkiewitz et al. 2013). Mindfulness teaches clients to practice "awareness of environmental cues and internal phenomena, including cognitive and affective states that have previously triggered relapse, interrupting the habitual response of substance abuse" (Bowen et al. 2014, 548). In contrast to therapies

that prepare clients for specific cues and situations, mindfulness skills generalize to any triggering situation or aversive state.

In Zgierska et al.'s (2009) review of twenty-five studies on the use of mindfulness meditation-based interventions (MM) for substance use disorders, seven of which were published randomized controlled trials with a total of 383 pooled participants, one utilized Mindfulness-Based Stress Reduction (MBSR), two used Spiritual Self-Schema therapy (3-S), two used ACT, and two used an adapted version of Dialectical Behavioral Therapy (DBT) for SUDs. Three of the studies compared MM with "standard of care," with four comparing MM to active treatment (behavioral, pharmacotherapy, etc.). Four of the studies showed "substantial reduction" of substance use compared with control groups, with two finding no between-group differences but a higher accuracy of drug use reporting for clients in the MM condition (Zgierska et al. 2009, 285). One limitation to generalization of these results is the heterogeneity of the interventions and client variables such as comorbidities and type of drug used, as well as the difficulty, as previously stated, in determining whether the "active" ingredient is mindfulness in "packaged" interventions like DBT and ACT. Taken together, however, the majority of the twenty-five reviewed studies showed positive outcomes among SUD-affected subjects treated with MM compared with baseline or other therapy.

Since the Zgierska et al. (2009) review, several studies have investigated the efficacy of MBRP, an intervention that combines elements of relapse prevention (RP) therapy with mindfulness meditation. MBRP aims to help clients build awareness of triggers, destructive habitual responses, and "automatic" reactions that maintain substance use (Bowen et al. 2010). Of particular interest is the Bowen et al. (2014) study that investigated the efficacy of different aftercare methods for individuals exiting a private treatment facility for SUDs. Individuals were randomized to eight weekly group sessions of MBRP (n=103), standard RP (n=88), and treatment as usual (TAU)—a twelve-step process group (n=95). Substance use was assessed using a "Time-Line Follow-Back" self-report measure that typically shows high reliability against urinalysis testing. At three-month follow-up, no group differences were found and at six months, findings for the RP and MBRP groups were equivalent; however at twelve months, individuals in the MBRP group reported 31 percent fewer days of use than the RP condition, suggesting a durability of effect. Apart from the subjectivity of self-report and the differences in structure between the TAU condition and RP/MBRP conditions, this study was methodologically strong. Additionally, MBRP does not simply utilize mindfulness as an add-on, but rather it underlies the entire treatment (Bowen et al. 2014).

Only limited research has been conducted since the Zgierska et al. (2009) review on the use of ACT for substance use. One study by Luoma et al. (2012) investigated the impact of a six-hour group-based ACT intervention at a twenty-eight-day inpatient program for substance use. Participants were assigned in random pairwise fashion to either a TAU condition (n=65) or ACT condition (n=68); individuals in the ACT condition saw higher treatment attendance and fewer days of substance use at four-month follow-up. Obviously, it is difficult to generalize these findings to outpatient or individual treatment, and it is possible that outcomes were influenced by "attention from providers outside the unit or unusually skilled therapists" (Luoma et al. 2012, 51).

DEVELOPMENT OF TREATMENT FOR DUAL DIAGNOSIS

In the above review of the literature, four potential mindfulness mechanisms emerged as theoretically important for efficacious and concurrent treatment of OCD and SUDs. These ask clients to: (1) remain *present-focused*, rather than past- or future-focused; (2) *observe* their thoughts, emotions and sensations as objects rather than as facts ("defusion"); (3) through awareness, *pause* and make choices before reacting to such objects out of habit (acting on "autopilot"); and (4) *accept* the existence of unwanted or unpleasant experiences in the interest of choosing less reactive, values-driven responses in order to pursue a full and meaningful life. To the first point, clients suffering from OCD often live in a world of "what if"—a future-oriented space (Hershfield and Corboy 2013). Second, a key underlying feature of OCD involves the client attributing excessive significance and meaning to his or her thoughts, emotions, and sensations, such that they are regarded as fact and synonymous with actually having acted upon internal events. Similarly, the extent to which a client "buys into" (is "fused with") particular emotions and thoughts can precipitate a substance use relapse, which in turn leads to additional emotions and thoughts (e.g., "I already relapsed, it's too late now"); if fusion with these events occurs, a continued relapse pattern can form (Bowen et al. 2010). Additionally, both clients with OCD and clients with a SUD experience urges that they tend to *react* to, out of habit; mindfulness teaches clients to observe and ride out or "surf" such urges—whether to use substances, or to neutralize anxiety by performing rituals and compulsions (Bowen et al. 2010). Finally, just as a person with OCD cannot control his or her thoughts and feelings associated with the OCD—and according to more recent research, nor can he or she "unlearn" the fear response to them—a person with a SUD cannot necessarily control or prevent urges to use, or the unpleasant feelings that precipitate use. With

both disorders, a key skill is the ability to accept and relinquish control over negative internal events and focus on values-driven action (Hershfield and Corboy 2013; Bowen et al. 2010).

To best address each disorder, I propose the combined use of two treatment manuals, slightly modified for their pairing: ACT for OCD and MBRP for SUDs (Bowen et al. 2010; Twohig 2007). A full outline of the curriculum is available but outside the scope of this paper. For this proposal it is sufficient to outline its key components and goals.

In the proposed treatment, sessions would be structured to include an opening mindfulness practice, a review of homework and previous material, the presentation and practice of new material, and conclude with assignment of new homework, including daily mindfulness practice. The first session orients the client to basics of mindfulness and how it can be applied to both OCD and SUDs. In the second session, the therapist and client assess the client's current strategies, which typically involve avoidance or control strategies regarding unpleasant emotions, for "workability." They assess whether these behaviors are effective in the long term. The third session is aimed at developing an awareness of triggers and "cravings" (for OCD and for SUDs). In session four, the fundamental practice of mindfulness of breath is introduced. The skill of SOBER breathing is also introduced—a five-step exercise that includes "Stop" (step out of automatic pilot), "Observe" (emotions, sensations, or thoughts), "Breath" (focus on the breath), "Expand" (expand awareness to include the rest of the body, mind, and experience), and "Respond" (respond mindfully). SOBER breathing, while designed for SUDs, can be applied to either OCD or SUD symptoms (Bowen et al. 2010).

Session five addresses high-risk situations. Here the client identifies such situations and considers an attitude of willingness and acceptance of unpleasant sensations, thoughts, and emotions as an alternative to control and avoidance. This session marks the start of "behavioral commitment" or willingness exercises, which allows the client to participate in self-directed "naturalistic" exposure outside of session. Session six continues the discussion of acceptance. Additional time is given to this concept because it is particularly important that the client does not see acceptance as "tolerating" negative emotions, since "tolerating" both endorses judgment of those experiences and limits the client's experience of the present moment to focusing on and enduring suffering (Twohig 2007). Session eight is dedicated to identifying client values, and widening the discussion to lifestyle choices that can create a sense of fulfillment in the client's life. Finally, in session nine the therapist and client discuss social supports and other strategies for maintenance.

The specific order of the aforementioned sessions might be adjusted depending on individual needs of the client. Until further research is conducted and proves otherwise, the order of these proposed sessions is not necessarily crucial. For the purposes of this article, the suggested order loosely follows the outlines presented in the ACT curriculum for OCD and MBRP curriculum for SUDs, respectively.

As indicated above, one of the primary benefits of the use of mindfulness is its ability to provide a less aversive format for conducting traditional exposure methods (Wahl et al. 2013). The intervention proposed here can be done with or without "formal" exposure sessions. While ACT does not specifically necessitate formal exposure work, typically when clients are asked to participate more fully in values-driven action through a course of ACT, they will likely come into contact with previously-avoided situations and thus experience exposure less formally ("naturalistic exposure"). Similarly, many of the thought-defusion and mindfulness exercises serve as a form of exposure to the unpleasant thoughts or emotions associated with particular words or images. Whether or not to include formal exposure work or ERP should depend on the client's willingness. If used, ACT can be employed as a specific means by which to approach formal exposure. Currently, studies are underway to investigate a combined approach that specifically alters traditional ERP protocols with ACT principles. Some initial changes recommended include assessing "willingness" in place of Subjective Units of Distress typically used in ERP and an explicit focus on values in constructing a hierarchy and to determine response prevention (Jacoby and Abramowitz 2014).

CONCLUSION

Obviously, significant modifications have been made to the original structure and form of interventions outlined in the review of the literature in order to craft an intervention that addresses both disorders. As such, original findings regarding efficacy are called into question. That said, the current intervention contains the basic mindfulness "ingredients" central to most, if not all, aforementioned treatments. Primary limitations to generalizing the efficacy of mindfulness for OCD and SUDs include the heterogeneity of both subjects and interventions studied (including group versus individual treatments, etc.), the "packaged" nature of therapies like ACT and DBT which would require deconstructive studies to validate the efficacy of mindfulness and acceptance alone, and the significant methodological limitations (including sample size, improper design, etc.) of the reviewed studies. Additionally, the authors of MBRP explicitly state that it has been researched with clients who have already gone through

inpatient or outpatient substance use treatment, and is intended for use with clients who are dedicated to sobriety. Alternatively, clients may not be committed to sobriety and instead wish to pursue moderation strategies. Further, MBRP is group-based; however, for the purposes of this intervention I have focused on its applicability for individual use. Clearly, additional research must be done on an integrated treatment with comorbidity in mind, as well as on a modified version of exposure methods. Clients who prefer moderation or non-sobriety approaches to recovery should also be considered. That said, due to the limited research and information on an integrated mindfulness treatment (or any treatment, for that matter) for dually-diagnosed clients with OCD and a SUD, the current intervention is an adequate first step. Mindfulness-based therapies have the potential to serve as briefer, less aversive alternatives to ERP, as well as to produce a successful concurrent effect on substance use.

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ABOUT THE AUTHOR

Amy Nichols is a second-year clinical student at the School of Social Service Administration. Before enrolling at SSA, she worked as a home- and school-based behavioral therapist supporting children with Autism and their families. Amy's training experiences include adult individual and group psychotherapy in residential and private-practice settings. She has a strong professional interest in mobile mental health technology, and is an entrant in the Social New Venture Challenge (SNVC) with Dad's Place, a parenting app for fathers developed by a group of SSA students. She holds a B.A. in psychology and urban history/education policy from Carnegie Mellon University, and was a 2009 recipient of the Harry S. Truman Scholarship.

BREAKING THE CYCLE: A FAMILY-FOCUSED APPROACH TO CRIMINAL SENTENCING IN ILLINOIS

Lauren Feig

Abstract

The collateral damage of parental incarceration to children is a hidden cost of current punitive criminal sentencing policies that overlook the needs of children and impose barriers to maintaining strong parent-child bonds. This paper presents a family-focused approach to criminal sentencing, which aims to promote better outcomes for offenders and their children by aligning sentencing decisions to the severity of the crime committed, the risks and strengths of the offender, and the offender's family context. It will address existing gaps in federal and state sentencing guidelines and provide policy and practice recommendations to help advance family-focused sentencing in Illinois.

More than half of incarcerated adults in the United States have children (Pew Charitable Trusts 2010). Between 1991 and 2007, the number of incarcerated adults with children (under eighteen years of age) increased by 79 percent (Glaze and Maruschak 2008). In Illinois alone, there were approximately ninety thousand minor children affected by a parent's incarceration (Lowenstein 2007)—most of these parents are nonviolent offenders, currently serving an average sentence of eighty months in prison facilities over one hundred miles from where their children live (La Vigne, Davies, and Brazzell 2008). Most incarcerated parents were, at the time of their sentencing, emotionally and economically central in their children's life prior to their imprisonment (Travis, McBride, and Solomon 2005); over half were the primary financial provider for their children and 48 percent lived with at least one of their minor children prior to incarceration (Glaze and Maruschak 2008). Children of incarcerated parents thus comprise a particularly high-risk subgroup of youth.

International human rights advocates have declared parental incarceration "the greatest threat to child well-being" in the United States (The Osborne Association 2010). It is a threat that disproportionately impacts disadvantaged children already coping with the burdens of

poverty, unstable housing, unemployment, and community violence prior to their parent's incarceration (Drucker 2011; Travis, Solomon, and Waul 2001). This confluence of risk factors compounded by the financial and emotional afflictions imposed by parental imprisonment augments the risk of undesirable economic, psychological, and social outcomes throughout the life course of children of the incarcerated. These children are more likely to experience physical, mental and behavioral health problems, antisocial and delinquent outcomes, developmental delays, substance abuse, homelessness, foster care placement, school failure, and unemployment (Turney 2014; Murray and Farrington 2005; Murray and Farrington 2008; Wildeman 2014; Drucker 2011; Johnson 2009; Pew Charitable Trusts 2010). Children with incarcerated fathers are nearly six times more likely to experience school suspension and expulsion compared to children with non-incarcerated fathers (Pew Charitable Trusts 2010) and three to six times more likely to exhibit violent behavior or serious delinquent behavior (Lee 2005). Not surprisingly, research shows that many youth with incarcerated parents eventually end up in prison themselves (Murray and Farrington 2005; Jones, Dinsmore, and Massoglia 2014). Parental criminal involvement is perhaps the strongest predictor of later offending among youth (Besemer et al. 2011), with more than half of the children in the juvenile justice system reporting having at least one parent in prison (Crain 2008).

The way in which parental incarceration affects children varies as a function of the complex interplay between individual and contextual factors at the relational, community, and societal level (Christian 2009). Individual factors include but are not limited to the child's age, temperament, gender, and coping skills. Examples of contextual factors include the gender of the incarcerated parent, the quality of the parent-child relationship—emotional and financial—prior to the arrest of the parent, the relationship between the child's caregiver and the incarcerated parent, whether or not the child witnessed the arrest of the parent, the length of incarceration, the amount of time the child spends with the incarcerated parent, the distance between the child's home and the prison, prison visiting arrangements and policies, and access to programs for incarcerated parents and their children. To take just one example, children who experience maternal incarceration are more likely to suffer from internalizing problems, such as anxiety and depression, and to go into foster care; whereas paternal incarceration is associated with externalizing problems, including violence and aggression (Drucker 2011).

The collateral consequences of parental incarceration can be addressed by identifying malleable factors associated with child outcomes and implementing interventions to impede risk trajectories (Moore 1995). For

instance, 50 percent of arrests take place at home with children present (Drucker 2011). In 30 percent of these cases weapons are drawn (Bernstein 2005). The trauma of witnessing a parent's arrest can induce significant psychological distress for the child, including post-traumatic symptoms. According to a 2010 study, children who witnessed the arrest of someone who lived in their household were 57 percent more likely to have elevated post-traumatic symptoms compared to children who never witnessed an arrest (Phillips and Zhao 2010). To minimize trauma and distress to children, California and New Mexico have instituted child-sensitive arrest protocols, including talking to the child about what is happening to the parent, providing counseling to children at the scene of arrest, and helping the arrestee identify appropriate child care arrangements (Christian 2009).

Minimizing the collateral damage done to children requires criminal justice policies and practices that are accountable to children at each stage of the incarceration process. This would therefore extend beyond arrest, and include considerations of the child at sentencing, intake, incarceration, and re-entry (Christian 2009). Evidence from cross-national research suggests that family-friendly prison policies serve as a protective factor, buffering the adverse effects of parental incarceration (Murray, Janson, and Farrington 2007). This paper presents a family-focused approach to these steps in the incarceration process, a holistic model to sentencing decisions that moves beyond the individual offender's experience in the criminal justice system to considering the system's broader impact within the context of the offender's social ecology. It will address existing gaps in federal and state sentencing guidelines and provide policy and practice recommendations to help advance family-focused sentencing in Illinois.

THE SENTENCING CONTEXT

More than half of incarcerated adults with children are serving time for non-violent offenses (Glaze and Maruschak 2008) and the price paid by their children is an enormous hidden cost of harsh sentencing policies such as mandatory minimums for non-violent drug offenses and technical parole violations. Illinois alone has experienced a six-fold increase in its prison population over the past three decades (Vera Institute of Justice 2013). Such retributive treatment of offenders costs Illinois taxpayers more than $1.7 billion annually while failing to deter criminal involvement, with 51.7 percent of Illinois inmates in state prisons returning to prison within three years of their release (the national average is 43.3 percent) (Vera Institute of Justice 2013; Pew Center on the States 2011). These costs do not include expenditures related to mental health, child welfare, and medical and economic services for incarcerated parents' children, who

are more likely to utilize such services than children of non-incarcerated parents (Washington State Department of Social Health and Services 2010). It is therefore no surprise that these sentencing policies are increasingly seen as counterproductive to public safety and a significant drain on resources (Henrichson and Delaney 2012).

Moreover, these sentencing policies do not mandate that judges consider the interests of children and families in sentencing decisions and, in the case of mandatory minimums, explicitly forbid such practices (Bernstein 2005). They therefore pose detrimental effects by: (1) altering family dynamics and support; (2) hindering economic and social mobility for both the parent and child; and (3) damaging and/or permanently severing parent-child relationships (Travis, McBride, and Solomon 2005). Illinois in particular has been quick to terminate incarcerated parents' parental rights—the "death sentence" to a parent-child relationship (Conway and Hutson 2007).

In response to these collateral costs, the Department of Justice's National Institute of Corrections established an interagency working group called the Children of Incarcerated Parents. It provides guidance to local and state governments trying to implement policy and practice reforms that mitigate the impact of parental imprisonment on children (Council of State Governments 2013). As result of this and other efforts, family-focused justice reforms are growing (Dizerega and Verdone 2011).

A FAMILY-FOCUSED APPROACH

In the sentencing context, a family-focused approach facilitates sentencing decisions that align with the severity of the crime committed, the risks and strengths of the offender, and the offender's family context (Dizerega and Verdone 2011). This is in accordance with guidelines for fair and effective criminal sentencing established by the National Conference of State Legislatures (2011). A family-focused approach is multidisciplinary. It extends beyond the criminal justice system to include the various systems that families interact with, such as child welfare and education. It is strengths-based, capitalizing on individual and family resources while addressing challenges. While it generally extends the definition of family in order to expand the number of individuals who can provide support (Dizerega and Verdone 2011), this article limits the discussion to legally recognized parent-child relationships and in cases where maintaining this relationship would benefit the child.

Experts suggest that the most effective time to intervene on behalf of children with a parent convicted of a crime is during the front end of the criminal justice continuum, which includes sentencing (National Institute

of Corrections 2011). Expanding sentencing options for nonviolent offenders with minor children to facilitate family involvement could significantly reduce prison-related expenditures since new interventions could help to prevent trauma related to parental separation due to imprisonment. To date, where these alternatives have been used they have "yielded reduced recidivism and increased family preservation – outcomes that have positive implications for children's adjustment" (Parke and Clarke-Stewart 2003, 215). This is consistent with other research identifying family support as a "rehabilitative opportunity," such that offenders who report higher levels of family contact and positive family relationships have better post-release employment outcomes and lower recidivism rates (La Vigne, Davies, and Brazzell 2008).

Dialogue around the impact of sentencing on children has focused largely on the effect of mandatory minimum sentences (Families Against Mandatory Minimums 2013). Whether or not states amend their mandatory minimum sentencing laws, they can still ensure that children's interests are considered during sentencing (Christian 2009). State policies that focus on supporting children and families of the incarcerated include comprehensive measures and other actions in the sentencing context. Key reforms include: (1) amending state law so that judges are mandated to consider the strengths and needs of children and families when making sentencing decisions as well as the impact of a parent's incarceration on their minor children, and (2) expanding sentencing options, such as community-based alternatives, for parents of minor children.

A number of cities (e.g., New Haven and San Francisco) and states (e.g., California, Oklahoma, Washington, New York, Hawaii, and Tennessee) have adopted—to varying degrees—family-focused sentencing practices and policies. These are characterized as strengths-based and data-driven with an emphasis on family factors in sentencing decisions (Christian 2009; Dizerega and Verdone 2011). In 2009, San Francisco added a family impact statement, which incorporates information regarding family strengths, risks, and needs, to the pre-sentence investigation as part of the city's evidence-based sentencing program (Dizerega 2011). Oklahoma requires judges to inquire about the offender's parental status and childcare arrangements (Christian 2009). Hawaii and California have legislation in place that mandates corrections officials consider the interests of the family and maintaining the parent-child relationship when making decisions around prison placement (e.g., housing parent inmates in facilities that are close to their children's homes). Both of these states have also adopted the "Children of Incarcerated Parents Bill of Rights" with the goal of breaking the intergenerational cycle of incarceration. Washington State has embraced

family-focused justice reform, amending the state's corrections law to consider children of offenders across the criminal justice continuum, including the sentencing stage (Eitenmiller 2014). In 2010, the state enacted the Parenting Sentencing Alternative, which provides two types of sentencing alternatives for nonviolent offenders who have minor children: (1) The Family and Offender Sentencing Alternative (FOSA), a judicial sentencing alternative that gives eligible offenders the option to continue parenting their child while serving their sentence in the community under intensive supervision, and (2) The Community Parenting Alternative (CPA), a partial confinement program that allows eligible incarcerated parents to serve the last twelve months of their sentence in the community under electronic monitoring and intensive supervision. Early evidence from Washington State suggests that family-centered sentencing reform is an effective recidivism reduction tool, with only two out of a total of two hundred and thirty FOSA/CPA participants returning to prison between June 2010 and January 2013, while saving the state money by reducing unnecessary duplication of services provided by state agencies (Eitenmiller 2014; Leavell 2013).

Despite this progress in family-focused sentencing, resistance to such reforms remains. It is said that offenders do not deserve special treatment just because they are parents and that they should have thought about how their actions could harm their child before committing the offense (Markel, Collins, and Leib 2007). This argument reasons erroneously that an emphasis on family preservation somehow fails to hold parents accountable for their crime. Such issue framing upholds an ineffective and costly retributive policy response. It is also said that criminal proceedings are between the state and the offender and adopting a more holistic approach to sentencing interferes with "effective and accurate prosecution of the guilty and the exoneration of the innocent" (Markel, Collins, and Leib 2007, xvi). To the contrary, family-focused sentencing actually facilitates "effective and accurate prosecution of the guilty" because it encourages sentencing that matches the offender's risk level—excessive punishment for minor crimes increases the risk of recidivism (Pew Center on the States 2011). As mentioned earlier, most parents are non-violent offenders who receive harsh sentences that do not align with the crime committed.

Another argument against a family-focused approach is that the inclusion of family factors in sentencing decisions threatens public safety because the potential harm to the child caused by parental incarceration deters criminal activity (Markel, Collins, and Leib 2007). This argument attributes the sole cause to the individual motivations of the offender while

refusing to take into account the rights of the child. As one legal scholar explains, "as a matter of policy it would be irrational to approach criminal justice issues in a vacuum when it is possible to consider and account for all the key stakeholders in the process: victims, children, families, and communities" (Boudin 2011, 113).

POLICY RECOMMENDATIONS FOR ILLINOIS

Although current sentencing policies in Illinois overlook the needs of children and impose significant barriers to maintaining strong bonds between incarcerated parents and children, the political context is conducive to progressive criminal justice reforms. First, Senator Durbin has played an instrumental role in advocating for federal sentencing reform. Second, public support is in favor of reform that eliminates unfair punitive sentences and promotes community-based alternatives to incarceration (Families Against Mandatory Minimums 2013). Third, in 2010, Illinois enacted the Crime Reduction Act, instituting the Adult Redeploy Program and allocating $7 million to divert nonviolent offenders from prison and into effective community-based alternatives to incarceration (Office of the Governor 2013). Finally, the Illinois General Assembly Joint Criminal Justice Reform Committee is working to develop legislation around sentencing reform, including plans to develop and implement a new risk assessment tool that "more effectively evaluate[s] the risks and needs of the inmate population" (Illinois General Assembly Joint Criminal Justice Reform Committee 2014, 5). This, in turn, will reduce new admissions in state prisons and improve the recidivism rate.

To promote better outcomes for offenders and their minor children, the Crime Reduction Act should be expanded in three ways. First, it should be required that the pre-sentence investigation report include a family impact statement so as to consider the needs of children in sentencing decisions. Second, sentencing options should be expanded (Christian 2009). This would ensure that guidelines are responsive to the needs of children while holding parents accountable for their crime. Community-based alternatives for low-risk non-violent offenders with minor children, such as Washington State's Parenting Sentencing Alternative, show particular promise in reducing recidivism while supporting the parent-child relationship (Leavell 2013). Finally, in cases of incarceration, terms of confinement, such as the length and location of imprisonment, should be based on what is best for children and families rather than on immediate economic or administrative factors (Christian 2009).

The state should implement the requirement of a family-impact statement in any case that may bring with it a prison sentence (Dizerega

2011). The family impact statement focuses on the sentenced person's family context and is completed during the pre-sentence investigation report (which incorporates information such as the defendant's criminal and employment history and the severity of the offense). Specific details might include the following: number of minor children and their ages, children's living situation, parent-child relationship quality (financial and emotional), offender's status as a primary caregiver, financial needs of the child, and location of the child's residence.

Strengthening and preserving family ties and parent-child relationships will require a fundamental shift in prevailing system and public responses to offenders' children and families (Dizerega 2011). Thus, specific steps must be taken to encourage attitudinal and cultural shifts, including: (1) training and educating judges, court staff, and public defenders on the benefits of informing sentencing decisions with family impact statements; (2) public education campaigns that disseminate information regarding the deleterious effects of parental incarceration on children, the promising role of family support in rehabilitation, and the failure of current retributive sentencing policies to protect public safety; and (3) emphasizing that family-focused sentencing does not let the parent "off the hook" for their crime but aims to prevent unnecessary suffering of innocent children and promote more effective and less expensive alternatives to incarceration.

CONCLUSION

Illinois lacks formal legislation mandating the recognition of children and families when sentencing offenders. The current retributive approach is not only harming a large number of children but it is a public safety hazard since it contributes to the cycle of incarceration for both parent and child. Further, overreliance on incarcerating nonviolent offenders does not make fiscal sense when alternatives to incarceration (ATI) are significantly more cost-effective (between $1,400 and $13,000 per person annually for ATI versus $60,000 per person in prison) (The Osbourne Association 2012). Cost savings realized from diverting low-risk nonviolent parents can be re-allocated toward effective prevention and rehabilitation programs, as well as providing programs and services that support children of incarcerated parents. Sentencing decisions that take into account the family system is a step toward fiscally sustainable and effective strategies to reduce incarceration rates, improve child outcomes, and enhance public safety.

However, family-focused sentencing reform is not a panacea to the problem at hand and is only part of the solution. To create meaningful change for children of the incarcerated and to finally break the cycle of intergenerational incarceration there must be consideration of families at

each stage of criminal justice involvement, including arrest, sentencing, incarceration, case management, and reentry (Dizerega and Verdone 2011). Thus, additional policies and programs are necessary to break the cycle of incarceration, including improved data collection within criminal justice agencies, special visiting areas for minor children, increased transportation and visitor support services, family support services, and parenting programs. Similarly, child-serving systems, such as schools and child welfare, are not required to provide specialized services and supports to address the needs of children affected by parental incarceration (Bernstein 2005) but could extend such services to children in need. In addition, further research is necessary to better understand and meet the unique needs of children of the incarcerated, including identifying best practices and targets of intervention. Valuable knowledge could be gained from research comparing the effects of parental incarceration across states with different criminal justice policies, such as comparing states that mandate family impact statements to those that do not have such a policy in place (Johnson 2009). Future research should also focus on developing and testing promising interventions for children of incarcerated parents, as there are currently no evidence-based interventions targeting this particularly vulnerable population of youth. Finally, amending the Adoption and Safe Families Act (ASFA), which terminates parental rights after a child has been in foster care for fifteen out of the previous twenty-two months, must be considered. Given that incarcerated parents are sentenced to an average term of eighty months in prison, ASFA is a major threat to reunification. Such efforts are critical to breaking the intergenerational cycle of incarceration and ultimately achieving better outcomes for children of the incarcerated.

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ABOUT THE AUTHOR

Lauren Feig is a graduate from the School of Social Service Administration, where she completed her A.M. degree in 2014 specializing in violence prevention and family support. She currently works as a research specialist and project coordinator at the Chicago Center for Youth Violence Prevention, one of six national Academic Centers of Excellence funded by the Centers for Disease Control and Prevention. Lauren also works for the Coalition for Evidence-Based Policy, where she assesses studies that evaluate social programs and policies in order to determine whether or not they produce valid evidence of effectiveness. She holds a B.S. in psychology from Northwestern University.

NARRATIVE PRACTICES AND ADOLESCENTS: A STRATEGY FOR SUBSTANCE ABUSE PREVENTION

Grant Buhr

Abstract

This paper presents *Story Squad: Stories of Substance*, a community-based intervention for adolescent substance use prevention. This narrative-based design takes a person-centered approach to prevention and prioritizes the lived experiences and active involvement of young people in developing prevention messages. The article discusses concepts central to contemporary adolescent prevention initiatives, and describes their integration with elements of narrative therapy (NT) and digital storytelling (DST) as a means to engage typically hard to reach adolescents. As illustration, the author describes how *Stories of Substance* could be implemented within the context of a violence prevention agency.

When developing interventions for adolescents and substance use, one variable worthy of consideration is the stories that they tell about drugs and alcohol. The stories youth tell about drugs and alcohol can exhibit how they perceive substance use, reflect and influence the choices they might make in regards to use, and provide insights into how those working in substance-use prevention can best influence them to make healthier decisions (Miller-Day and Hecht 2013). For these reasons, narrative-based youth media projects have grown in popularity in substance use prevention programs (Gant et al. 2009; Hartley 2007; Podkalicka and Campbell 2010). Proponents of these projects claim that narrative practices hold unique potential for substance use prevention by engaging even hard-to-reach youth (Miller-Day and Hecht 2013; Nilsson 2010; Chan, Ngai, and Wong 2012).

The purpose of this paper is to present *Story Squad: Stories of Substance*, a community-based substance use prevention program based in narrative practice. To accomplish this, the paper first outlines substance use interventions for adolescents. It then describes how the use of

Narrative Therapy (NT) assists individuals in understanding how they make sense of their lives and create alternatives to that understanding (White 2007). It considers how Digital Storytelling uses media production to further the goals of NT (Polk 2010) before presenting *Story Squad: Stories of Substance*.

SUBSTANCE USE INTERVENTIONS FOR ADOLESCENTS

Two psychosocial models underpin the majority of contemporary prevention programs: *competence enhancement* and *social influence* (Hill 2008). Both models account for how individual risk factors interact with social influences.

The competence enhancement model postulates that individuals engage in harmful behaviors to achieve acceptance among peers and to deal with negative emotions (Hill 2008). It shows the influence problem behavior theory, which views an adolescent act like substance use as both learned *and* functional; the result of adolescents lacking adequate personal, social, and coping skills (Hill 2008; Skiba et al. 2004).

The social influence model posits that behavior is shaped by psychological factors, such as perceived norms, expected consequences, values, and intentions. These factors interact with self-efficacy and social modeling to increase or decrease the likelihood of something like substance use (Hill 2008; Skiba et al. 2004). It draws from Bandura's social learning theory, which proposes that individuals both shape—and are shaped by—their surroundings; behavior is shaped through an interactive process involving cognitive, behavioral, and environmental influences (Bandura 1977). Substance use prevention programs for adolescents, with origins in social learning theory, attempt to strengthen anti-substance norms and instruct youth in how to identify and resist social pressure by building skills to plan for high-risk scenarios (Hill 2008).

When it comes to adolescent substance use prevention, both the competence enhancement and social influence models are built on the experiential knowledge of young people (Skiba et al. 2004). While older didactic approaches tended to emphasize the passing on of preferred behaviors, these models use a narrative-base. This approach works from and with the complex personal experience and behavior patterns of individuals (Miller-Day and Hecht 2013).

A recent review of community-based substance-use prevention programs for adolescents found that effective prevention interventions target risk and protective factors (Hill 2008). Risk factors include perceived norms regarding substance use, peer pressure, beliefs about

consequences of use, and family and peer use (Cleveland et al. 2008). Protective factors include bonding with family, positive adult relationships, decision-making and other life skills, and substance refusal skills (Hill 2008). Furthermore, because substance use is found to begin typically early in adolescence, and the age of early onset of substance use has progressively declined, early intervention is of great importance (White et al. 2003; Hill 2008; Cleveland et al. 2008). Early onset is associated with a higher severity of problems related to use (e.g., more regular use, use of more harmful substances, higher risk of dependence) and preventing or delaying the initial onset can reduce problem severity (White et al. 2003; Hill 2008).

Adolescent substance use has been linked with unsupervised out-of-school time, in particular among youth with low levels of parental supervision (Tebes et al. 2007). A study by the National Institute of Health suggests that after-school, community-based programs are well positioned to prevent substance use among youth. These programs can not only occupy typically unsupervised time, but also organize collaborations with community partners and thereby expose youth to additional positive relationships with adults and expanded opportunities to establish meaningful community roles (Tebes et al. 2007). Other key components associated with effective prevention interventions include appropriate cultural tailoring, combined implementation with other prevention strategies, the use of media to raise public awareness, the provision of mechanisms for community feedback, and the targeting of self efficacy, refusal skills, and drug expectancies (Tebes et al. 2007; Hill 2008; Cleveland et al. 2008; Skiba et al. 2004).

THE ROLE OF NARRATIVE THERAPY AND DIGITAL STORYTELLING

Narrative Therapy (NT) gives prominence to the client's understanding of the problem, and presents an opportunity to contextualize and collaboratively explore problems with clients (Madigan 2011). It helps people to develop alternative storylines about their lives, and to subvert the dominant, problem-ridden self-stories that trouble them. Narrative Therapy draws influence from the ideas of social work, feminism, queer theory, anthropology, and literary criticism (Williams and Baumgartner 2014; Chan et al. 2012). Taken together, these theoretical influences encourage clinicians or project facilitators to view individuals not as flawed or problematic people, but rather as people facing and responding to complex challenges.

Rooted in anti-oppressive and systems-level thinking, NT gives prominence to the client's understanding of the problem. It can be seen as part of the legacy left by the critical pedagogy scholar Paulo Freire (1970), who argued that action is brought about by way of reflection and understanding developed through a combination of self-awareness, the awareness of others, and the perspective taking aspect of empathy. Mobilizing adolescents to engage with others through collecting, producing, and disseminating narrative-based substance abuse prevention messages offers the opportunity for self-reflection, connection with others, and seeing the world from others' perspective. An important element of NT is its insistence on context and collaboration in exploring problems (Madigan 2011). This process is relevant to adolescents most at risk for substance abuse because the problems they may be experiencing within the context of their lives (addiction, poverty, mental illness, trauma, low school achievement, etc.) are typically mapped onto their individual person (Williams and Baumgartner 2014).

Miller-Day and Hecht (2013) provide an example of narrative practices in adolescent substance use prevention interventions. The authors utilize an adolescent drug prevention curriculum called *keepin' it REAL* (kiR) to demonstrate the link between narrative and prevention. The program—implemented in seventh grade classrooms in forty-five countries, reaching more than two million youth annually (Miller-Day and Hecht 2013)—operates on the assumption that youth base their substance using choices on the narrative storylines available to them. It uses actual stories of young people and their drug-related experiences (Miller-Day and Hecht 2013).

Miller-Day and Hecht (2013) argue that while dispensing health information in areas such as adolescent drug use have been proven ineffective—especially for typically "hard to reach" populations (Nilsson 2010)—narratives of youth experience engage existing psychosocial risk factors (Miller-Day and Hecht 2013). The program was found to create significant reductions in substance use when participants viewed the program videos that covered refusal skills, norms, and socio-emotional competencies (Miller-Day and Hecht 2013).

Similarly, Chan et al.'s (2012) work with NT and substance abuse also demonstrated promise as an effective prevention program. Their program has participants use photography to create, with the help of a therapist, stories that could "externalize" substance-related problems and thus lead to the composing of alternative, non-oppressive discourses about their social reality. The authors state that the use of storytelling provided the client with both an opportunity to externalize problems and recall and record positive past achievements. The positive elements were then revisited for

insight towards present actions, and helped to mitigate discouragement experienced during substance relapse (Chan et al. 2012).

The Digital Storytelling (DST) approach overlaps with NT within substance use prevention programs. Digital Storytelling aims to give voice to marginalized communities through multimodal mediums, including script, sound, music, photography, and video (Nilsson 2010). It strives for the empowerment of community members to effect change through increased self-awareness and efficacy, relationship building, and validation, and provides tools for education and the cultivation of social empathy among those who listen to/view the stories (Polk 2010; Nilsson 2010). Both DST and NT can be seen as novel tools for educational and therapeutic aspects of the work related to adolescent substance abuse, and although it is beyond the scope of this paper, evidence supports that DST holds unique potential for participatory research as well (Polk 2010).

THE CASE OF *STORY SQUAD: STORIES OF SUBSTANCE*

The *Story Squad* initiative is an audio and music production program (created and facilitated by this author) that engages youth in media production and critical thinking skills with process-oriented goals of increasing self-awareness, self-efficacy, trauma processing, and community engagement. It is a component of a violence prevention agency that serves six communities on the west and south sides of Chicago. Enrolled youth have been exposed to direct or indirect violence. Agency programming is rooted in restorative justice practices; aiming to reduce violence by engaging young people in creative and cathartic expression, athletic development, and concrete life skills such as stress management and peaceful conflict resolution.

Following the public health model of violence prevention, youth enrolled in the program generally fall into one of three levels: primary preventions are meant to stop problems from emerging; secondary preventions attempt to reverse harm "in the moment;" and tertiary preventions hope to reduce harm among the most severely involved adolescents (YMCA 2013). The level of prevention appropriate for each participant is determined through an amalgam of data that includes: reason for initial referral, intake assessment, criminal record, academic record, and other information obtained through collateral contacts from various domains of the young person's life. *Stories of Substance* is a pilot intervention designed to fit within the Story Squad initiative.

Stories of Substance would be an eight-week program that meets once a week for two-hour sessions. It will integrate key components of effective adolescent substance abuse prevention programs with elements of DST and

NT. It is designed to account for relevant risk factors for the participants: peer pressure, childhood abuse and other traumatic events, lack of coping skills, poor adult relationships, and low socioeconomic status. It also seeks to account for relevant protective factors for the participants—positive adult relationships, decision making and other life skills, positive neighborhood attachment, and academic or employment competence—and enhance those protective factors.

Those enrolled in this intervention would collect, engage with, and disseminate narrative-based substance abuse prevention messages that are culturally grounded (i.e., messages by and for a particular cultural group). Early sessions are designed to consist of listening to, and discussing, youth-produced audio stories about substance use. Participants would also practice recording and production skills and engage in creative writing activities. Approximately twenty minutes of out-of-session journaling time is structured for participants each week, since journaling encourages reflection and helps maintain continuity between weekly topics and activities.

Consistent with DST and NT linked to substance use prevention, a key component of the program is engaging participants who, in other institutional settings, have likely had their experiences devalued or dismissed. On one hand, the facilitator is tasked with providing vulnerable young people with parameters to create a story that contains cohesive narratives (i.e., narratives entailing chronology, causal sequences, and identified consequences), and can assist them with attributing connections and significance to a series of life moments that may otherwise feel chaotic and fragmented. On the other hand, the program must be adaptable and encourage participants' voice and identity formation. As a result, this proposed program offers a series of flexible story prompts to stimulate exploration. These prompts will, ideally, shift the adolescent's focus from strictly inner reflection to situating oneself in a larger social context.

One exercise asks participants to choose a substance and give it a detailed personality—including histories, friends and relatives (other substances), hobbies, styles of dress, and stories to tell. This exercise will provide, it is hoped, youth, their peers, and agency staff with nuanced portrayals of how youth perceive various substances. (In the context of violence prevention, perception of substances will likely be connected to their functions in relation to soothing past/current trauma.) Participants will be encouraged to include multiple voices within these recordings, giving them the opportunity to engage in more sophisticated audio production techniques. This exercise is consistent with NT's emphasis on externalizing problems, an act which separates the problematic substance from the essence of the young person's being (White 2007). Upon completion of their productions, participants

will act as a "panel of experts," presenting their works and participating in a dialogue with an audience consisting of peers, agency staff, and family and community members. With proper consent, the participants' stories will be posted and shared online as a means to disseminate the knowledge and behavioral models.

In order to gauge the effectiveness of the intervention, youth are asked to participate in a pre- and post-program data collection survey comprised of questions focusing on self-efficacy (e.g., refusal skills), critical thinking, consequences of use, and perception of various substances.

Although it is harder to measure in this pilot program, the hoped-for effects include: improved multi-textual literacy (script, sound, music), increased marketable media skills, and increased civic engagement and positive relationships by positioning participating youth as community educators. If successful in achieving the desirable outcomes, selected youth participants can be utilized as peer leaders/assistant instructors as the agency expands the program. Consistent with the agency's mantra of "healing is prevention," this program aims to provide a supportive space for young people that typically do not seek mental health services for fear for being perceived as weak or flawed, to deepen relationships, and process experiences in a way that can improve an individual's capacity for positive change.

The use of NT in substance abuse prevention with adolescents is, at present, under-researched, thus, a substantial gap exists in regards to large-scale meta-analysis and systematic reviews of the process (Chan et al. 2012). Additionally, existing research studies concerning the therapeutic use of DST are not tightly connected with the concepts of NT. It is this author's hope that this review, and the subsequent intervention plan, may contribute to the discussion of the potential intersection of NT and DST in the realm of adolescent substance abuse prevention.

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ABOUT THE AUTHOR

Grant Buhr is a second-year clinical student at the School of Social Service Administration. He is currently enrolled in the Alcohol and Other Drug Addiction program of study. Prior to attending SSA, Grant worked on community development projects centered on storytelling in Uganda, Chicago, and Ecuador. He currently works with the YMCA's Youth Safety and Violence Prevention program, where he is developing a digital storytelling curriculum that focuses on the development of self-reflection, critical thinking, and narrative skills for analyzing and processing the causes and impacts of community violence. He holds a B.A. in sociology from the University of Illinois at Chicago.

SYMBOLIC STRUGGLES IN ADVOCATING FOR JUVENILES SENTENCED TO LIFE WITHOUT PAROLE

Katie Berringer

Abstract

This paper examines the history of Juvenile Life Without Parole sentencing, both at the state level in Illinois and at the federal level, with particular attention to the power of symbolic framing and to the continued importance of two dominant frames: the juvenile 'super-predator' and the child. Paying attention to the particular actions of state actors, this paper will investigate the central role that class and race have played in the symbolic construction of these tropes, in order to understand how state actors became the vehicles to translate class and race schemas into policy. Finally, it is my hope that this analysis will also inform the efforts of advocates—social workers, mitigation specialists, defense attorneys, and the families and communities of those serving natural life sentences—as they engage, challenge, and strategically take up the symbolic and material tools that have shaped this policymaking.

On January 15, 2014 the Illinois Supreme Court held oral arguments in *People v. Davis*. Addolfo Davis was then a thirty-seven-year-old man who had been sentenced to life without the possibility of parole at the age of fourteen. His case, to determine whether he would be entitled to a resentencing hearing, was based upon the 2012 U.S. Supreme Court decision, *Miller v. Alabama*, which found mandatory Juvenile Life Without Parole (JLWOP) sentencing to be unconstitutional.[1] While the Supreme Court of the United States (SCOTUS) decision protects all young people in the United States from mandatory life sentences moving forward, the Court did not directly address the question of retroactivity, leaving this decision to individual states to decide.[2] On March 20, 2014, the Illinois Supreme Court recognized the retroactivity of *Miller* and vacated Davis's sentence of life without the possibility of parole, recognizing his constitutional right to a resentencing hearing (*People v. Davis* 2014). In so

doing, the state has set a far-reaching precedent that will enable JLWOP defendants throughout Illinois such an opportunity for re-sentencing.[3]

For these defendants, their advocates, attorneys, and families, the courts' decisions reveal the power of symbolic framing, within which individuals are made to fit a particular juridical concept, to affect individuals' lives. Throughout the history of recent JLWOP policymaking, two competing symbolic orders have dominated: that of the 'super-predator' and the child. While I will argue that the 'super-predator' trope has been central to fostering mandatory (and unvarying) sentences of life without parole, Justice Elena Kagan's decision in the *Miller* case has reasserted the primacy of punishment proportionate to the age of the offender:

> By requiring that all children convicted of homicide receive lifetime incarceration without possibility of parole, regardless of their age and age-related characteristics and the nature of their crimes, the mandatory sentencing schemes before us violate this principle of proportionality, and so the Eighth Amendment's ban on cruel and unusual punishment. (*Miller v. Alabama* 2012)

With these words, Kagan not only vacated the life sentence of one young man, but also established, affirmed, and codified into law the powerful framing of the juvenile defendant as a *child*. The centrality of this idea of the child (with a*ge-related characteristics*) is further evidenced by Justice Samuel Alito's dissenting opinion in the *Miller* case, in which he asserts, "Even a 17½-year-old who sets off a bomb in a crowded mall or guns down a dozen students and teachers is a 'child' and must be given a chance to persuade a judge to permit his release into society" (*Miller v. Alabama* 2012). Alito's phrasing, despite his objection through quotation marks, reveals the potency of the symbolic category *Miller* affirms, and its profound material consequences.

This paper argues that to understand how Illinois, the originator of the world's first juvenile court in 1899, came to incarcerate so many "juvenile lifers" requires attention to the symbolic production of two central tropes: the child and the juvenile 'super-predator.' Moreover, it further claims that legal and social advocacy for those awaiting re-sentencing must proceed with a clear understanding of the roots and function of these symbolic frames. The paper thus investigates the central role that class and race have played in this symbolic construction, and traces how these tropes came to be employed by particular state actors and advocates as vehicles to translate class and race schemas into policy.

In order to fully attend to the role of class and race on these symbolic formations, this paper engages Loïc Wacquant's important work, *Punishing the Poor* (2009). Recognizing the limitations of a strictly economistic lens for understanding policies of punishment in the United States, Wacquant combines a materialist analysis derived from Marx and Engels with a symbolic approach inspired by Durkheim and Bourdieu to "capture the reverberating roles of the criminal justice system as cultural engine and fount of social demarcations, public norms, and moral emotions" (xviii). While Wacquant's analysis encompasses more than policymaking itself, his attempt to bring attention to the myriad "agents and devices that contribute, each on its level, to the collective work of material and symbolic construction of the penal state" (34) provides a useful lens for understanding the complicated and interactive way these policies of social control have been both formulated and implemented.

Recognizing that systems of punishment and the carceral state are contingent upon particular actions performed by particular political actors (Soss, Fording, and Schram 2011), this paper analyzes the tools and processes of policymaking around JLWOP, focusing on the material and symbolic tools employed by state and federal legislators, governors, supreme court justices and circuit court judges, and federal and state prosecutors. Finally, it is my hope that this analysis might also inform the efforts of advocates—social workers, mitigation specialists, defense attorneys, and the families and communities of those serving natural life sentences—as they engage, challenge, and strategically take up these symbolic and material tools.

'SUPER-PREDATORS' AND RACE-CODED POLICY FRAMES

The particular codification of laws mandating Juvenile Life Without Parole can be traced back to Richard Nixon's 1968 presidential campaign based on promises of "law and order." As early as the 1970s, state legislatures began to draft legislation that called for mandatory life sentences for certain crimes. By the 1990s, states had begun to pass "automatic transfer" laws to send juveniles charged with certain crimes to adult criminal courts prior to any consideration of their culpability, as well as "accountability statutes," by which juvenile accomplices would be tried and sentenced as severely as principle actors.[4] The combination of this legislation contributed greatly to an enormous increase in youth sentenced to JLWOP in the late 1990s (Tanenhaus and Drizin 2002; Zimring 2005; Illinois Coalition for the Fair Sentencing of Children 2008). The Illinois Coalition for the Fair Sentencing of Children (2008), the main advocacy

organization opposing JLWOP in the state, reports that "in 1990, 2,234 children were convicted of murder nationwide and 2.9 percent of them received life sentences. In 2000, only 1,006 children were convicted of murder, but the rate of those who were sentenced to life more than tripled, to 9.1 percent" (32). According to Human Rights Watch and Amnesty International (2005), between 1962 and 1981, only two youth offenders were sentenced on average each year to natural life. By 1996, that number had reached 152, and has only recently begun to gradually decline.

The passing of this legislation, and the resulting exponential increase in JLWOP sentences cannot be fully understood without corresponding attention to the powerful trope emerging at the time of this surge, that of the juvenile 'super-predator.' First coined in 1995 by Princeton Professor John DiIulio, the concept of the 'super-predator' was quickly taken up by James Q. Wilson and others to support forecasts of rampant escalations in inner-city crime (Howell 2009). In "The Coming of the Super Predator," DiIulio described "hardened, remorseless juveniles" and "elementary school youngsters who pack guns instead of lunches," performing "homicidal violence in 'wolf packs'" (DiIulio 1995). Moreover, he claimed that "what is really frightening everyone from [District Attorneys] to demographers, old cops to old convicts, is not what's happening now, but what's just around the corner," (DiIulio 1995).

Using demographic data to foretell the coming of "at least 30,000 more murderers, rapists, and muggers on the streets" he conjured images of an uncontrollable tide that would start in "black inner-city neighborhoods" only to "spill over into upscale central-city districts, inner-ring suburbs, and even the rural heartland" (DiIulio 1995). The effects of this alarming prediction and newly-coined term were enormous even though DiIulio himself claims to have tried "to put the brakes on the super-predator theory, which had all but taken on a life of its own" (Becker 2001). James C. Howell (2009) explains that the symbolic production of the 'super-predator' spread quickly due in large part to the discourse of public officials and within political spheres, where "'if you're old enough to do the crime, you're old enough to do the time,' became the mantra of the leaders of the moral panic" (19). Thus "tough-on-crime" politicians and other influential actors not only adopted, but also actively contributed to the symbolic production of this trope. Moreover, as the moral panic over 'super-predators' increased, public attention to sensationalized cases provided a new degree of public support to prosecutors who pursued extreme sentences and to judges who handed them down, so that symbolic production of the 'super-predator' trope coincided with and resulted in a devastating increase in JLWOP sentences in the late 1990s.[5]

The category of the 'super-predator' that these state actors collaborated in symbolically constructing was by no means a neutral or universal category, but was actively both classed and racialized. In DiIulio's (1995) conception, "super-predators" came from a "natural" criminal environment: the particular "moral poverty" of poor, black, inner-city youth, "surrounded by deviant, delinquent, and criminal adults in abusive, violence-ridden, fatherless, Godless, and jobless settings." This conception found a place within a larger frame that assumed (and articulated) "pathologies of the urban underclass," which Soss, Fording, and Schram (2011) describe as the "primary focus of public discourse about poverty" from as early as the 1970s through the late 1990s, during which time "the race-coded underclass served as Exhibit A…for new governing arrangements" (63). This portrait of the urban underclass obviously bolstered "law and order" political campaigning and "tough-on-crime" policies. Less obvious is how this portrait of the urban poor came to re-define race itself (Wacquant 2009; Soss, Fording, and Schram 2011).

RE-FRAMING JUVENILES AS CHILDREN

In response to the increasingly punitive turn in juvenile sentencing policy, there has been a consistent effort among interest groups and state actors to challenge the social construction of the 'super-predator' at both the state and federal level. In Illinois in 2002, juvenile justice advocates at the Edwin F. Mandel Legal Clinic at the University of Chicago took on the case of a fifteen-year-old defendant who had been sentenced to life under an accountability statute. These advocates submitted an *amicus curiae* in the case of *People v. Miller*,[6] arguing that JLWOP sentences violate the "proportionate penalties" clause of the Illinois Constitution, the Eighth Amendment of the U.S. Constitution, and international law. The circuit court found—and the appellate court upheld—that the "multiple-murder sentencing statute," with its mandatory life without parole condition, violated the Illinois Constitution when applied to a juvenile. In his decision, Judge James Linn found it "blatantly unfair and highly unconscionable" that "a 15-year-old child who was passively acting as a look-out for other people, never picked up a gun, never had much more than-perhaps less than a minute-to contemplate what this entire incident is about, and he is in the same situation as a serial killer for sentencing purposes" (*People v. Miller* 2002).

Judge Linn's decision to distinguish between "a 15-year-old child" and "a serial killer" is far from accidental, and is consistent with advocacy efforts in Illinois and throughout the country among criminal defense attorneys, judges, and advocates to draw from emerging neurological and

social scientific findings on adolescent development. Stressing in particular their increased impulsivity, susceptibility to peer pressure, and inability to measure and understand consequences (Human Rights Watch/Amnesty International 2005), these advocates are re-framing juvenile defendants as "children," thereby highlighting their developmental vulnerability while also potentially undermining the race-coding of the previous 'super-predator' frame.

In their reports, "Categorically Less Culpable: Children Sentenced to Life Without Possibility of Parole in Illinois" and "The Rest of Their Lives: Life without Parole for Child Offenders in the United States," the Illinois Coalition for the Fair Sentencing of Children (2008) and Human Rights Watch (2005) both adamantly assert the JLWOP defendant's identity as a child. They also compile figures, share photographs, and recount the life stories of the 103 individuals in Illinois and the 2,225 youth offenders in the United States who were, as of 2008 and 2004, serving natural life sentences. Traces of these advocacy efforts ultimately emerged in Justice Kagan's opinion in the federal *Miller v. Alabama* decision. She too draws upon neurological and social science research to both accentuate a child's lessened "moral culpability" (Miller v. Alabama 2012, 9) as well as their neurological capacity for reform. While Justice Alito's dissent suggests that the distinction between the adult and juvenile defendant is arbitrary, an accidental (and incidental) matter of one's date of birth, Kagan's central claim is that "children are different" (Miller v. Alabama 2012, 17). She thus delineates multiple factors that must be considered before a child can be sentenced to JLWOP, including (1) "immaturity, impetuosity, and failure to consider risks," (2) "the family and home environment that surrounds him," (3) "the circumstances of the homicide offense, including the extent of his participation in the conduct and the way familiar and peer pressures may have affected him," and (4) "the possibility of rehabilitation" (Miller v. Alabama 2012, 15). Social workers will recognize in Kagan's decision the familiar theoretical framework of the ecological or "person-in-environment" perspective that is a trademark of clinical social work practice (Hepworth et al. 2009). These "*Miller* factors," as they have been termed, emphasize the biological and psychological vulnerabilities of adolescence and introduce environmental factors, all of which will become essential to the work of sentencing mitigation.

The field of sentencing mitigation and the role of the "mitigation specialist" on legal defense teams emerged out of capital defense in death penalty cases. Unlike evidence introduced in the pre-sentencing phase of the trial, which must be relevant only to the crime itself, mitigation evidence can include any information (e.g., biological, psychological, or social) that might help to contextualize

the defendant, to place the person in his or her environment, and to explain the circumstances that led to the crime for which he or she has been convicted. The United States Supreme Court has upheld in multiple decisions that defendants in capital cases are entitled to present any evidence in the sentencing phase that might mitigate his or her sentence. Social workers, drawing from their clinical skills, mental health expertise, and ecological, person-in-environment perspective, are ideally suited for the emerging profession of the mitigation specialist, and their presence as such specialists on the legal defense team, some have argued, should be considered both a necessity and a right (Payne 2003; Schroeder 2003; Guin, Noble, and Merrill 2003; Cooley 2005).

Sentencing mitigation based upon these *Miller* factors, with attention to developmental vulnerabilities, also has the potential to de-code race and class from the symbolic construction of the juvenile defendant. At the same time, by including "home environments" and "familiar and peer pressures" Justice Kagan's decision reintroduces poverty, race, and class into the discourse on youth and crime, in a potentially more complicated and far less limiting way. Jody Kent Lavy, director and national coordinator of the Campaign for the Fair Sentencing of Youth, in arguing for the retroactivity of *Miller*, asserts, "these facts apply to all children, including those convicted before the *Miller* ruling in June 2012" (Geiger 2014). Re-framing these young people not as 'super-predators' but as children, these advocates are not only increasing their sympathy, they are also attempting to explicitly remove the race-coding of the frame—affirming that these children are the same as "all children." Julie Anderson, the mother of one JLWOP defendant, is quoted in *The Atlantic* discussing the failed 2013 efforts to pass legislation affirming Miller's retroactivity,[7] saying, "a lot of legislators don't understand that these juveniles are capable of rehabilitation and are not monsters; they are real people with families and people who care about them" (Sutherland, Lowry, and Baliga 2013). Assertions by JLWOP advocates both effectively essentialize the category of the child—as fundamentally distinct from that of the adult—and may also actively challenge the race-coding of the juvenile justice frame, ultimately re-humanizing adolescent defendants, allowing them to be seen, as Anderson appeals to us to do, as "real people." However, as lofty and sincere as this goal might be, the process of achieving it may warrant further scrutiny.

CONCLUSION: THE LIMITATIONS OF STRATEGIC ESSENTIALISM

Phillip A. Goff and his colleagues (2014) have found that Black boys tend to be excluded from the social categorization of "children." Drawing from implicit bias research in the field of social psychology, they have found that Black boys are denied the perception of innocence, the need for protection, and the sense of growth and change that the category of the child affords. Moreover, this exclusion is exacerbated in contexts where Black males are subject to other forms of dehumanization. By actively and explicitly reframing JLWOP defendants as children, then, advocates are not merely offering an alternative frame, but are directly challenging and deconstructing the race-coding of the 'super-predator' frame.

However, as powerful as it may be to employ the trope of the child in this way, simply replacing one trope with another may also involve a number of unintended consequences—and may ultimately limit the scope of the critique advocates are able to employ. In illustrating and highlighting aspects of individuals' backgrounds based on the *Miller* factors, be it their poverty, their history of abuse or victimization, their educational deficits, or even their experience of racial discrimination within the criminal justice system, advocates may ultimately construct one-dimensional stories that reduce the identities of JLWOP defendants. Media presentations of Addolfo Davis, for example, distil his identity to the following: "An eighth-grader from a troubled home, he had fallen in with a street gang on Chicago's South Side" (Geiger 2014). Indeed, in presenting the *Miller* factors this way, advocates not only risk presenting these individuals as simply the "other" to be disregarded and forgotten, but also risk reifying the very claim made by DiIulio—that these young people have been so damaged by their environment as to make them unsuitable to return to society. Instead, it may be that the case for rehabilitation itself depends upon a rejection of all essentialist claims that people are tied inextricably to their identities, and fixed to the social conditions from which they come. Success in JLWOP reform may rest in advocates' abilities to deconstruct our fixed binaries of good and evil, redeemable and irredeemable, victim and perpetrator, and even child and adult.

Finally, there is an even more pernicious unintended consequence of employing the child trope, which may ultimately reveal the limitations of this kind of legal advocacy; that is, that by removing the race-coding of the previous frame, advocates are effectively masking the race and class content of the history of JLWOP legislation altogether. In replacing what was a racialized and classed trope with a seemingly race-neutral one, advocates may succeed in achieving the best possible outcome for individuals serving JLWOP—a chance to finally tell their stories, to

present to the court a fuller and more humanizing narrative, and thereby, ultimately, to attain shorter sentences and release—but may do very little to correct or even to acknowledge the larger, systemic forces that enabled these policies in the first place. While tracing the history of the 'super-predator' trope may reveal a great deal about how individual bias has become enacted into law through race and class-coded schema, the kind of advocacy that would be most effective, even liberating, for those individuals affected by these laws may also effectively foreclose the possibility of constructing certain larger, systemic critiques. Indeed, the sweeping critiques that Wacquant (2009) and Soss, Fording, and Schram (2011) offer, tying the symbolic and material construction of the carceral state to contemporary neoliberal paternalism and the increasingly disciplinary turn in poverty governance, would likely not survive within the context of a JLWOP courtroom and its shifting attention to youth and adolescence as the primary narrative frame. Still, despite this potential myopia, this framing may nonetheless be the most effective for those individuals currently facing JLWOP sentences.

The original juvenile court was founded in Illinois in 1899 under the auspices of preventing "children" from being "treated as criminals" (Zimring 2005, 33). Throughout the history of juvenile justice policymaking in the United States, these kinds of frames have been incredibly influential in establishing the stereotypes and preconceived notions of state actors about the people their policies target—be they "children," "serial killers," "monsters," or "super-predators." The legitimacy of the juvenile justice system in this country has always been tied to its ability to present and construct the juvenile offender not as a criminal to be feared, but as a child to be protected, treated, and rehabilitated. While this kind of advocacy may foreclose certain kinds of broader systemic and structural critiques, it must still be revived if the court seeks to maintain its legitimacy in the future—and for Addolfo Davis and the other men and women serving JLWOP to finally come home. Nevertheless, in this process of adopting and employing alternative symbolic frames, such as that of Justice Kagan's "child," advocates can and should avoid the essentialist traps of contemporary public discourse, deconstructing race and class-coded stereotypes in favor of fuller, more nuanced, and ultimately more humanizing presentations of these individuals, their families, and their communities.

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[1] At the time of the *Miller* decision, around 2,570 individuals were serving JLWOP in the U.S. Worldwide, The United States and Somalia are the only countries that have not ratified the Convention on the Rights of the Child (1989), Article 37a, prohibiting JLWOP (Howell 2009, 297) and at the time of *Miller* only seven individuals outside of the U.S. were serving such sentences (Human Rights Watch/Amnesty International 2005; Illinois Coalition for the Fair Sentencing of Children 2008).

[2] To date, these states have responded to the *Miller* decision in resoundingly dissimilar ways. On one extreme, the legislatures of California, Wyoming, and Delaware have eliminated the practice of Juvenile Life Without Parole completely, while Pennsylvania and North Carolina's legislatures have set certain restrictions (Haniff 2014). In Iowa, Governor Terry Branstad commuted all JLWOP sentences to sixty years, a sentence that is virtually indistinguishable from natural life. In Michigan, one judge set a precedent upholding the retroactivity of JLWOP, making 350 inmates eligible for parole hearings (*ibid.*).

[3] At the time of the *Miller* decision, 102 men and one woman in Illinois were serving JLWOP sentences (Illinois Coalition for the Fair Sentencing of Children 2008).

[4] Addolfo Davis himself, who never fired a gun in the crime for which he was convicted along with two older co-defendants, is one example of a young man tried and sentenced to mandatory Life Without Parole on an accountability statute.

[5] Criminologist Franklin Zimring (2005) explains that by 1996 violent crime rates had already declined for three years, with youth violence dropping even faster than that of adults, "from 26.5 per 100,000 in 1993 to 6.6 in 1999" (121). Academics and criminologists attempted unsuccessfully to interrupt the resulting swell of policy change and implementation. In 1999, "some 200 criminologists signed a joint letter to the US Senate…opposing [the Violent and Repeat Juvenile Offender Accountability and Rehabilitation] legislation," which would transfer children as young as ten into adult courts (Howell 2009, 20). In 2001, the Surgeon General himself released a report declaring the 'super-predator' theory a myth and citing evidence opposing it (Tanenhaus and Drizin 2002).

[6] Evan Miller, of the SCOTUS decision, is of no relation to Leon Miller, of the Illinois Appellate Court decision.

[7] The failure of this effort has been attributed both to the many other items on the Illinois legislative agenda that session (pensions, debt, and same-sex marriage, to name a few), as well as legislators' desire to wait for a determination from the courts (Sutherland, Lowry, and Baliga 2013).

ABOUT THE AUTHOR

Katie Berringer is a 2014 graduate of the Master's program at the School of Social Service Administration and is currently a research project coordinator for the Chicago Center for HIV Elimination at the University of Chicago. While at SSA, Katie worked as a clinical social work intern at the Trauma Unit at John H. Stroger, Jr. Hospital of Cook County, as well as the Edwin F. Mandel Legal Aid Clinic at the University of Chicago Law School. She was also enrolled in the Graduate Program in Health Administration and Policy as well as the Violence Prevention program of study, and served as Co-Editor of *Advocates' Forum*. Before moving to Chicago, Katie coordinated HIV interventions and counseling, testing, and referral programs for currently and formerly incarcerated women at a reentry organization in Washington, D.C. Katie received her B.A. in religion from Carleton College.

PUBLIC HEALTH AND HUMAN RIGHTS IN AN ERA OF EPIDEMICS

Ryan Rollinson

Abstract

This article explores the tension between individual human rights and the need to protect the public health. It focuses on the role of social workers, who have a moral and ethical responsibility to protect the human rights of the individuals with whom they work and to ensure that the public health of their communities is promoted. Drawing on examples from epidemics including Ebola, HIV/AIDS, and tuberculosis, the article suggests ways in which social workers can proactively engage individuals and communities in supporting public health while also ensuring that individual human rights are promoted.

If one were to ask a random sampling of social workers if they considered health care to be a basic human right, they would almost certainly answer "yes." Ask them if they consider public health to be a priority, and they would likely also say "yes." In a sense, the individual's human right to well-being and the more general maintenance of public health appear as the same *right to health*.

The language of individual rights is clear. In 1946, the Covenant of the World Health Organization declared that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition" (World Health Organization 1946). Since then, several other United Nations covenants have relied on the same "highest attainable standard of health" or similar language in articulating further facets of the right to health (Leary 1994, 28-29). Article 25(1) of the *Universal Declaration of Human Rights* states that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including […] medical care" (United Nations 1948). Clearly, advocates for human rights have recognized the right to health, at least in principle, for decades.

But while the health and well-being of individuals suggests the need for adequate medical personnel, diagnostics, and treatment, public health refers to disease prevention and health promotion at the level of the collective: defined as group, community, organizational, geographical, national, or international levels. Maintaining health at these collective levels sometimes requires eliminating any one individual's rights to freedom of movement and association, as when the mandates of public health require measures like quarantine in the interest of the greater population. Many human rights documents acknowledge this need for extreme measures, but prioritize public health only as a method of last resort (Leary 1994, 39).

Social workers can be positioned between the needs of clients as individuals and the needs of the larger community in which they work. In the case of an individual's right to health and the demands of a public health regime, a social worker must strive to find a balance between these two competing domains. An analysis of how this tension has manifested in the course of various health crises and epidemics will help to show how supranational organizations, governments, non-governmental organizations (NGOs), and individual social workers can all influence the implementation of public health strategies with conscious attention to human rights. This paper thus examines the spread of and response to Ebola, HIV/AIDS, and tuberculosis and how individual rights have been protected and promoted—or not—throughout these epidemics. It thus strives to show the common trends and begins to craft a path forward to ensure that human rights are protected even in contexts that necessitate adherence to the demands of public health.

As an illustration of one tension between individual rights and the claims of public health, recall the recent case of Kaci Hickox, a Doctors Without Borders nurse who upon her return from working with infected individuals in Sierra Leone was quarantined first by officials in New Jersey and then by the government of her home state of Maine (Fitzsimmons 2014; Flegenheimer, Shear, and Barbaro 2014). Hickox later defied the quarantine, arguing that such an order violated her human rights (Weiser and Goodman 2014). She eventually won a court order that permitted her to self-monitor for symptoms through the end of the virus' potential incubation period (Reuters 2014). Hickox's case led to some health care workers deciding not to travel to affected areas, or to routing their travel through areas where they were less likely to face a quarantine (Hartocollis 2014). In Ebola-affected areas, "fearful patients have avoided hospitals, thus spreading Ebola infection in the community with individuals left untreated for myriad other health hazards, ranging from malaria and chronic disease to childbirth" (Gostin 2014, e49). Fear can drive away

some people living with the disease or at risk of infection, and can keep them from medical care and prevention education (Eba 2014; Staley, Johnson, and Krellenstein 2014). It is precisely because widespread quarantine or isolation orders could promote an environment of fear and mistrust that public health officials have sought to limit the use of such orders to cases of imminent threat of harm to the community with no other practical way of mitigating that threat.

The Hickox case brings to light issues of power and privilege, inequality and injustice, and systemic abuses affecting individuals, communities, and populations. While Hickox claimed that her rights were being impacted by the quarantine order, it was impossible not to focus equal attention on individuals living in Liberia and Sierra Leone, where the disease was running rampant (Gostin 2014, e49). The response in those less-developed countries has been hampered by the lack of public infrastructure and resources. But the severity of the outbreak also correlates with what the United States Department of State (2014a; 2014b) has described as "severe" and "major" human rights abuses in the countries hardest hit by the epidemic. As Farmer (1999) notes, groups experiencing oppression also have higher risks of poor health care access and worse health outcomes.

This correlation of oppression and poorer outcomes can be seen in the disparate responses to health crises based on populations affected. For instance, in the early 1980s, there were separate but simultaneous outbreaks of AIDS and Legionnaires' disease in the United States. Each outbreak received widespread media coverage. The spread of both diseases required a speedy public health response from the federal government. However, AIDS was perceived as only affecting marginalized and stigmatized populations—gay men and injection drug users—while the victims of the outbreak of Legionnaires' disease were almost exclusively middle-class, white, presumptively heterosexual men. Between June 1981 and May 1982, the Centers for Disease Control and Prevention spent less than $1 million on HIV/AIDS research and prevention, while spending $9 million on Legionnaires' programs, even though 1,000 of the 2,000 AIDS cases at the time had proved fatal, while fewer than 50 people had died of Legionnaires' (Bronski 2003). This disproportionate distribution of resources was due in large part to the stigma applied to gay men and drug users at the time. AIDS failed to receive more equitable funding until it began to be seen as a threat to the so-called "general public" several years later, and could no longer be ignored.

Looking beyond HIV or Ebola, we can see more interaction between human rights and public health in the context of the tuberculosis epidemic. *Mycobacterium tuberculosis* infections have been present in

humans since antiquity; the disease is curable and preventable, but is often fatal, especially in developing parts of the world (World Health Organization 2014). Treatment of active—i.e., symptomatic—tuberculosis requires a combination of antibiotics, taken over at least six months, if it is a "simple" wild-type *M. tuberculosis* infection (Lawn and Zumla 2011). However, Multiple Drug-Resistant Tuberculosis (MDR-TB) is becoming increasingly prevalent worldwide (World Health Organization 2014). MDR-TB is often caused by poor patient adherence to medication, which can occur for many reasons, but in the developing world, often occurs because of poor or inconsistent access to health care services. Once resistance has developed in the tuberculosis patient, the "first-line" medications are no longer effective, and more costly second- or third-line treatment protocols must be implemented. Because of the virus' ease of airborne transmission, the long latency period for many infections, and the inability of many in poorer countries to access effective screening or prevention methods, tuberculosis continues to ravage developing nations.

After HIV, tuberculosis is the second-leading cause of death worldwide, and is spreading quickly in many of the same countries that have poor human rights records (Farmer 1999; World Health Organization 2014). People living with HIV are significantly more susceptible to tuberculosis infection and have reduced health outcomes once infected. There is also evidence that they are more infectious and likely to pass on tuberculosis to others (World Health Organization 2014). The same human rights violations that put people at additional risk for HIV infection—lack of access to education, human trafficking, and poor access to health care—also increase their risk of acquiring tuberculosis.

In the late twentieth century, Farmer (1999) noted that in Russian prisons, which were rife with human rights abuses—including overcrowding, extended detention without charge, and physical abuse—tuberculosis was common because prisoners could not avoid being exposed to MDR-TB. "Increased TB risks should be seen as a violation of rights; TB, as a form of punishment" (Farmer 1999, 1487).

In discussing the HIV epidemic, Farmer (1999) notes that "there is considerable overlap between the groups at risk: if you are likely to be tortured or otherwise abused, you are also likely to be in the AIDS risk group composed of the poor and the defenseless" (1490). The same appears to be true of other epidemics as well. If social workers, policymakers, and direct service providers can recognize this correlation and begin to proactively target services towards individuals at risk of other human rights violations, current and future epidemics may be controlled more quickly.

Social workers operating at both the macro- and micro-level can use their awareness of intersecting systems of power and privilege in order to recognize individuals and communities that may be at a higher risk for health crises. Working to ensure they have access to health care, education, and preventive services will involve a coordinated response across disciplines—including medical, behavioral health, legal, and social services—as no one group of advocates and service providers will be able to solve the problem (Clay 2014). Recognizing that health care and other human rights are interdependent requires that social workers in the areas of human rights and NGOs—as well as health care providers and policymakers—begin to treat them as such, and advocate for the protection and promotion of all human rights concurrently.

When at-risk populations advocate for themselves during epidemics, social workers may feel conflicted about their identification with individuals in need and their work to protect and improve entire communities. Farmer (1999) describes "the rejection by the poor of separate standards of care," and notes that "the destitute sick are increasingly clear on one point: promoting social and economic rights is the key goal for health and human rights in the 21st century" (1487). Marginalized populations will be frustrated by the violations of their individual rights, and social workers have a natural orientation toward fighting against these violations. However, social workers also see the broader implications of public health activities, and the potential impact of those activities on health at a community level. Social workers are thus in the position of ensuring that individual rights are only impinged upon to the absolute minimum degree required to protect the public health and of advocating for all other options before restricting human rights. On an organizational and government level, social workers can proactively work to advance human rights in the context of public health by proposing and promoting contingency planning to address potential epidemics. Regions and NGOs that have clear plans for addressing contagious outbreaks are considerably less likely to react from a place of panic and fear when these outbreaks inevitably occur.

Advances in medical technology over the last few decades have also rendered quarantines and their associated restrictions on human and civil rights much less necessary than in the past. For instance, Siddhartha Mukherjee at Columbia University has proposed that polymerase chain reaction (PCR) testing be implemented on individuals who have been potentially exposed to Ebola. This rapid test, which is relatively inexpensive and requires only a small blood sample, takes only a few hours to run. Instead of the current 21-day quarantine period, PCR testing could determine if someone is infected in the time it takes to fly

from West Africa to the United States (Mukherjee 2014). A passenger could have a blood sample taken prior to boarding and the results would be available prior to deplaning. Passengers who tested positive could be isolated and treated, and other passengers could be screened for exposure. Similar advances in HIV testing have allowed diagnoses to be made as soon as a few days after exposure—a major leap from the six-month "window period" required by early tests. This has reduced testing-related stress and also improved the ability of public health officials to respond quickly to newly-infected individuals, helping them reduce their risk of transmitting the virus to others. The fact that similar testing is available for detecting Ebola infection, but has not been made widely available, is disappointing. During the current 21-day quarantine implemented in several areas, individuals who may have been exposed to Ebola are kept away from family, friends, and loved ones, and have almost complete restrictions placed upon the human rights of freedom of movement and freedom of association (Fitzsimmons 2014; Weiser and Goodman 2014). While there are logistical, financial, and technical issues to overcome in widely implementing this type of testing, if it is possible to allow exposed individuals to retain their dignity, autonomy, and basic freedoms while still protecting public health, social workers have an ethical obligation to advocate for this approach.

Social workers have the ability and the training to bridge the divide between population-level efforts to promote public health and the need to preserve individual human rights. Whether we work in direct service, NGOs, or government agencies, we can approach our work with a recognition of the impact of public health initiatives on individual freedoms. We can ensure that we balance the need to slow the spread of epidemics with the obligation to protect individual dignity and liberty. Even when there is a need to make significant rapid decisions against a backdrop of fear and uncertainty, social workers can ensure that their colleagues and organizations take the time to consider all available options before implementing efforts that may unnecessarily deprive individuals of their human rights. We can recognize violations of human rights when they occur and work to address them with governments and advocacy organizations. We can also take proactive steps to ensure that the communities where we work have access to the health care services that will prevent outbreaks of infection, and that systems are prepared for a quick and effective response to epidemics when they first occur.

Ultimately, though, the interrelatedness and tension between all the various human rights, including the right to health care and the right to public health, emphasize the assertion that "all human rights are universal, indivisible and interdependent and interrelated" (United Nations General

Assembly 1993). Without access to health care, achieving and maintaining public health is virtually impossible. If public health is not a priority, then health care resources become overtaxed. One cannot exist without the other, even though they can at times place different demands on decision makers and communities.

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ABOUT THE AUTHOR

Ryan Rollinson is a second-year student at the School of Social Service Administration at the University of Chicago. He is currently a behavioral health intern at Center on Halsted, and looks forward to clinical practice as a sex therapist in the future. He holds a B.S. degree from Metropolitan State University in St. Paul, and worked for several years in the Twin Cities in the fields of HIV treatment and prevention.

BOARD BIOS

KELLI BOSAK is a second-year clinical student at the School of Social Service Administration. She is currently enrolled in the Advanced Alcohol and Other Drug Abuse program of study and works as a second-year clinical social work intern at PCC Community Wellness' Austin Family Health Center. As a Schweitzer Fellow this year, Kelli also leads weekly yoga and mindfulness groups for women in Cook County Jail. Kelli's first-year placement was at the University of Chicago's Outpatient Senior Health Center at South Shore. Prior to coming to SSA, Kelli served a two-year term of AmeriCorps service in Philadelphia, where she supervised volunteers and coordinated operations at a community resource center providing direct social services to community members. Kelli received her B.A. in French and anthropology from the University of Michigan.

JESSICA CARDOTT is a first-year student in the Poverty and Inequality program of study at the School of Social Service Administration. She has a background in case management, workforce development, and non-profit collaboration. Jessica came to SSA with an interest in income inequality and the consequences of the welfare reform act of 1996. She is currently working as a research assistant to the Precarious Work Schedule study led by Susan Lambert and Julia Henly. Jessica holds a B.A. in literature with a focus on postcolonial theory from New College of Florida.

AMANDA N. GRAHAM is a first-year student in the Extended Evening Program at the School of Social Service Administration. She is an attorney and practices federal criminal defense with the Federal Defender Program of Chicago, with a focus on drug cases and reentry work. She graduated summa cum laude from DePaul University College of Law, after earning her B.A. from the University of California, San Diego.

ANDREA HAIDAR is a first-year administrative student in the AB/AM program and Violence Prevention program of study at the School of Social Service Administration. She is interested in community approaches to violence prevention, as well as immigrant and refugee policy. Her field placement is at the Catholic Charities Refugee Resettlement Program. Prior to enrolling at SSA, Andrea studied sociology and Arabic at the University of Chicago. She also served as a director for a youth mentoring program in the Little Village neighborhood. Andrea is a 2014 Truman Scholar from the state of Michigan.

JENNY MANCINO is a second-year clinical student at the School of Social Service Administration. Her previous work experience includes providing administrative support as both a paralegal and executive assistant in Washington, D.C. For her second-year field placement, Jenny works as a therapy intern with Children's Research Triangle where she conducts trauma-informed therapy with children in the foster care system and adolescents at a high school in Englewood. Her first-year field placement was with Family Rescue's Court

Advocacy Program, where she assisted survivors of domestic violence in navigating the legal system. Jenny also works as a research assistant at SSA on a series of qualitative studies. Jenny holds a B.A. in black studies from Amherst College.

LAUREN E. MILLER is a second-year social administration student at the School of Social Service Administration, with a research and advocacy focus on gender-based violence in the United States. For her second-year placement, Lauren is the Research Intern for the Programs Department at the Chicago Foundation for Women, where she provides data and policy analysis of municipal, state and national gender-based violence. Lauren is a full committee member of the University-wide Student Disciplinary Committee and is a board member for the Campus Dialogue Fund, Office of Multicultural Student Affairs. Prior to attending SSA, Lauren worked for Amnesty International, Rape Victim Advocates, and the Chicago Metropolitan Battered Women's Network. Lauren has an M.S. in gender studies from the University of Glasgow in Scotland and a B.A. in anthropology, cultural religious studies and Japanese studies from DePaul University in Chicago.

MELISSA NOE is a second-year social administration graduate student at the School of Social Service Administration. For her second-year placement, Melissa is both the Housing Policy Graduate Intern and Development and Operations Graduate Intern for the Latino Policy Forum (LPF). Before enrolling at SSA, Melissa lived in Madison, Wisconsin, where she became interested in social work while serving as an AmeriCorps member at an adult literacy agency. She then worked as a home visitor for parents and their young children, giving the parents support by preparing their children for preschool. Melissa's professional interests and research at LPF focuses on housing and economic policies that impact, and often hold back, immigrant communities in the United States. She holds a B.A. in Spanish and international studies from the University of Wisconsin – Madison.

CAIT QUINLIVAN is a second-year clinical student at the School of Social Service Administration and is enrolled in the Family Support program of study. Prior to enrolling at SSA, Cait worked at the UCSF Bixby Center for Global Reproductive Health as a research assistant in women's health social science research. In her second-year field placement at Catholic Charities Arts of Living Program, Cait provides therapeutic, case management, and home visiting services to pregnant and parenting teenagers and their children. Cait also serves as a research assistant to the Maternal, Infant, and Early Childhood Home Visiting Program led by Samuel Deutsch Professor Sydney Hans. Cait holds a B.A. in English from Reed College.

JAMIE SHAPIRO is a first-year student at the School of Social Service Administration. His field placement is with the Adult Protective Services Team at Metropolitan Family Services, where he investigates allegations of elder abuse throughout Chicago's South Side. He has experience working in rural economic development in Colorado and at a Clubhouse Model community mental health center in Atlanta, Georgia. He graduated from Colorado College with a B.A. in comparative literature.

KATHARINE SIDELNIK is a second-year student enrolled in the Violence Prevention program of study at the School of Social Service Administration. Katharine has experience working for human rights organizations in the United States, India, and Uganda. Most recently she was awarded a 2014 University of Chicago Human Rights Fellowship, which enabled her to research the Maine Domestic Abuse Homicide Review Panel with support from the Violence Against Women Act Measuring Effectiveness Initiative. She is currently a Graduate Research Assistant at the Heartland Alliance Social IMPACT Research Center, a leading anti-poverty human rights organization, where she supports staff on various projects including research, program evaluation, and data analysis. Katharine has provided training nationally and internationally on domestic and sexual abuse prevention and has continued that work in Chicago by supporting curriculum development with Apna Ghar, a domestic violence advocacy center that provides holistic services to women and children across immigrant communities in Chicago. Her professional life is committed to community capacity building and interpersonal violence prevention.

LAUREN SINGER is a second-year clinical student at the School of Social Service Administration. Her current field placement is at Heartland Health Outreach in Uptown, where she works as a triage crisis therapist for chronically homeless individuals with mental illness, refugee status, or HIV/AIDS. Prior to her time at SSA, Lauren worked as a mental health caseworker in Holyoke, Massachusetts, for the Center of Human Development as well as a reproductive justice advocate for the Prison Birth Project, focused on providing reproductive rights and birthing-care to incarcerated mothers. In addition to her current work, Lauren leads a harm-reduction oriented therapy group based on the benefits of journaling and creative writing as a means of processing trauma. She is also a published poet and holds a B.A. in creative writing and sociology from Bard College at Simon's Rock.

JESSICA SMITH is a first-year administration student at the School of Social Service Administration. She is pursuing the part-time Extended Evening Program track while working at the University of Chicago as a fellowship advisor to graduate students. Prior to coming to the University, she worked in a variety of non-profit organizations relating to cultural exchange, community arts, and workforce development. Her first-year placement is at La Casa Norte's Solid Ground program, Chicago's first bilingual, male-intentional supportive housing program for homeless youth, aged 16-21. Jessica holds a B.A. in international studies with a minor in Spanish from the University of Illinois at Champaign-Urbana.

DAVID JAVIER THOMPSON is a second-year clinical student at the School of Social Service Administration enrolled in the University of Chicago's Graduate Program in Health Administration and Policy as a global health student. His second-year field placement is with the Ann & Robert H. Lurie Children's Hospital of Chicago's Child and Adolescent Psychiatry Department's Partial Hospitalization Program. There, he provides individual, family, and group therapy to patients and their caretakers. Prior to attending SSA, Javier worked with refugee populations and pursued research on human resilience through resettlement,

healthcare, and academic organizations in the United States and Western Europe. He holds a B.A. in creative writing and literature from the University of Michigan, a B.A. in psychology from the University of Louisville, and a Fulbright-sponsored M.A. in refugee care from the United Kingdom's University of Essex.

JULIA TIER is a second-year clinical student at the School of Social Service Administration. Her professional interests include chronic mental illness, somatic disorders, and mental health care access. Her second-year field placement is at Northwestern Memorial Hospital's Stone Mental Health Clinic. There, she provides individual and group counseling for adults on an outpatient basis. Prior to attending SSA, Julia worked as a communications professional at several international research organizations. She holds a B.A. and an M.A. in communication and media studies from Fordham University.

NICK WALKER-CRAIG is a first-year administration student at the School of Social Service Administration. At his field placement, he works as a behavioral health intern for PCC Salud Family Health Center. His interests lie in organizational capacity building by creating more inclusive workplace practices, as well as using information infrastructure to provide health care access in areas of geographical isolation. Prior to SSA, Nick worked at Foundations Preschool of Washtenaw County (formerly Perry Nursery School of Ann Arbor), primarily developing board policies while creating strategic plans for new organizational initiatives. He holds a B.A. in sociology and a minor in social work from the University of Michigan.

ASHLI WATTS is a second-year administration student at the School of Social Service Administration. She is currently enrolled in the Community Schools program of study and works as an administrative intern at Urban Prep Charter Academy for Young Men's Englewood Campus. Ashli's first-year placement was at Alternatives, Inc., in Uptown, where she worked with Girl World girls and facilitated activities focused on increasing self-efficacy through health education, group fitness, leadership development, and participatory research. Prior to coming to SSA, Ashli worked with SGA Youth & Family Services as a Check & Connect Monitor to Chicago Public Schools. Ashli received her B.A. in sociology and women & gender studies from DePaul University.