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Chapter 12

Keeping the Music Alive: Using the “Grief and Hope Box” with Adult Offenders with Co-Occurring Mental Health and Substance Use Issues

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SUMMARY. Individuals with co-occurring mental health and substance use disorder (COD) present unique challenges for counselors.

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When individuals are incarcerated, they suffer unique forms of losses, including the loss and grief of their family members. In addition, they often struggle with stigma and cultural stereotypes that are oppressive and devastating. The purpose of this manuscript is to help counselors and clients access creativity in a manner that facilitates client self-disclosure about grief and loss related issues, leading to a more coherent personal narrative, increased social integration, and enhanced psychological and physiological health. doi:10.1300/J456v01n03_12 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2005 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Creativity, mental health, substance abuse, criminal justice, group counseling

She never mentions the word addiction
In certain company
Yes, she'll tell you she's an orphan
After you meet her family
She talks to angels
Says they call her out by her name

(Robinson & Robinson, 1990)

INTRODUCTION

Individuals with co-occurring mental health and substance use disorder (COD) present special challenges for counselors. Many community members, including family members, health care providers, and counselors often convey that they feel inadequate and unprepared to help confront the multitude of losses they encounter. The problem of treating individuals with COD is especially challenging when psychosocial losses interact with loss associated with incarceration. It is important to recognize that individuals in this population often struggle with stigma and may be subjected to cultural stereotypes. It is equally important that counselors recognize that labeling them "alcoholics," "offenders," or "addicts" can be devastating.

Additionally, in not acknowledging the interaction between dynamics of power, oppression, privilege, gender, race, and social class we

further perpetuate what is often viewed as individual pathology. While challenging, treating individuals with COD in the criminal justice system can be a positive experience when clinicians are able to access the innate creativity in themselves and their clients. The purpose of "The Grief & Hope Box" presented in this article is to access creativity in a manner that facilitates client self-disclosure about grief and loss related issues, leading to a more coherent personal narrative, increased social integration, and enhanced psychological and physiological health.

DEFINING THE PROBLEM

Substance Use

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) (American Psychiatric Association [APA], 2000) divides substance-related disorders into substance use disorders (which include both substance abuse and dependence disorders) and substance-induced disorders. According to the DSM-IV-TR (2000), substance abuse is a "maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances" (APA, 2000, p. 198). In contrast, substance dependence involves "a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues use of the substance despite significant substance-related problems" (APA, 2000, p. 192). Substance-induced disorders include substance intoxication, substance withdrawal, and groups of symptoms that are in excess of those related to intoxication or withdrawal. In such cases, clinical attention is warranted.

Mental Health

Mental health terms and diagnoses are also derived from the DSM-IV-TR (2000). Due to the extent and variety of mental disorders, a full discussion of each one in this article is prohibitive. However, major disorders relevant for adults with COD are mood disorders (e.g., major depressive disorder, anxiety disorders) and personality disorders (e.g., narcissistic, histrionic, antisocial, etc.). It is important to note that these examples are not exhaustive and are meant only as illustrations of possible relevant mental health issues that co-occur with substance use issues.

Co-Occurring Disorders

The mental health and substance abuse fields have made considerable progress in defining a common language and providing a conceptual framework for addressing the needs of adults with COD (Center for Substance Abuse Treatment [CSAT], 2005a). Adults with COD have at least one diagnosable mental disorder, as well as, at least one diagnosable substance-related disorder (CSAT, 2005b). The range and combination variability of COD is extensive (Dixon et al., 2001). Counselors should be aware that each one of these disorders may interact differently within any one person (Drake & Wallach, 2000; Mueser et al., 2000). Indisputably, compared to adults with only one psychiatric concern, adults with COD are more severely impaired and more likely to experience negative social consequences (Minkoff, 2001).

The Substance Abuse Mental Health Services Administration's (SAMHSA) new Co-Occurring Center for Excellence (COCE) encourages the use of language and strategies that reflect the realities of clinical practice. Indeed, for many counselors, COD are inexplicably intertwined and have become the expectation, rather than the exception (Minkoff, 2001). In the United States, existing incidence rate studies estimate that 6 million to 10 million people have COD (Mueser, Essock, Drake, Wolfe, & Frisman, 2001; U. S. Department of Human and Health Services [USDHHS], 1999) and is expected to double to 15 million in the next 30 years (Substance Abuse Mental Health Services Administration [SAMHSA], 2002). If counselors fail to treat one disorder, both disorders usually become more severe (New Freedom Commission on Mental Health [NFCMH], 2003). Clearly, COD among the adult population warrants attention.

COD Among the Criminal Justice Population

Tragically, approximately 3% or 6.5 million adult men and women in the U.S. are under some form of correctional supervision (Bureau of Justice Statistics, 2001). Unfortunately, the likelihood that a person will be incarcerated increases dramatically if the person has COD (Beck & Harrison, 2001). Individuals in this population are incarcerated not because they have committed a violent or other serious crime, but because the service delivery system is ill-equipped to manage them (Drake, Wallach, Alverson, & Mueser, 2001). The magnitude of this problem can be seen in the landmark prevalence study, the National Comorbidity Study (NCS). (Kessler et al., 2005) and his colleagues estimate that 10

million Americans of all ages and in both institutional and non institutional settings have COD in any given year. The rate of special needs among this population is simply astonishing.

GRIEF AND LOSS ISSUES AMONG ADULT OFFENDERS WITH COD

Grief and loss issues frequently occur for adult offenders with COD, including the loss of physical health (Ridgely, Lambert, Goodman, & Chichester, 1998), loss of significant relationships (Drake, Mercer-McFadden, Mueser, McHugo, & Bond, 1998), loss of shelter (Rahav et al., 1995), loss of freedom (Ditton, 1999), and loss of employment/career (Drake, Wallach, Alverson, & Mueser, 2002). Above all, it could be argued that they experience a tremendous loss of future dreams.

In many ways, the loss and grief these individuals feel are unique. For example, when a father or mother is incarcerated, they may lose years of being able to interact with their child, missing important and irreversible events such as the child's first steps, first day of school, loss of first teeth, first dates, holidays, important cultural events (e.g., Quinceaneras, Bar Mitzvahs, etc.), weddings, and funerals. Often, other family members, friends, or state agencies step in to raise the children with little input from the incarcerated parent. The issues of grief and loss are compounded when incarcerated parents live with their children's grief and loss issues through letters, telephone conversations, and visitations. Furthermore, their family members and children suffer tremendous loss and grief as a result of the abandonment and incarceration of their loved one. Although the above example is limited to parental issues, it may be expanded to loss of career, health and freedom.

In her book, *Life Beyond Loss: A Workbook for Incarcerated Men*, Welo (1999) addresses the different types of grief and loss issues found in this population, including the loss of material goods, loss of job, loss of freedom, loss of dreams, loss of self control, loss of relationships, and loss through death. Further, many incarcerated men and women experience "disenfranchised" grief (Doka, 1989). Disenfranchised grief is defined as the situation where a person is not given the opportunity to "publicly grieve or acknowledge the loss" (Doka, 1989, p. 5).

Other researchers have investigated helping this population address grief and loss issues, as well. Schetky (1998) found that many offenders experience unresolved issues with grief and loss. With the help of a peer facilitator, she formed a prison-based support group to provide others

an opportunity to cope with their grief. Olson and McEwen (2004) facilitated grief counseling groups with male offenders that explored disenfranchised grief and gender and cultural issues related to grieving. Woolfenden (1997) also characterized the benefits of a bereavement and loss group conducted in a closed women's prison. In summary, strong scientific evidence supports the reality that adult offenders with COD represent a major concern for counselors working with grief and loss issues.

CREATIVELY WORKING WITH ADULT OFFENDERS WITH COD

Multiple definitions of creativity exist depending on discipline, time, and culture however Dowd (1989) provides a simple, yet concise definition of the concept, "True creativity is invention or the process of making something new" (p. 233). In working with clients who may find therapy difficult, it is beneficial to provide novelty and ingenuity to enhance the therapeutic process. In addition to enhancing the therapeutic process for the client, creativity is also a way to decrease the likelihood of counselor burnout (Carson & Becker, 2003) when working with challenging populations (i.e., mandated clients with COD). The following section delineates the benefits of creativity for both client and therapist and, in so doing, describes the benefits of "The Grief & Hope Box" activity.

Creativity is essential in therapy (Carson & Becker, 2004; Deacon & Thomas, 2000; Hecker & Kottler, 2002), lending itself to the therapeutic process in multiple ways. For example, creativity assists clients in problem solving (Nickerson, 1999), viewing problems differently while enhancing divergent thinking (Dowd, 1989), and facilitating the development of coping skills while producing variety and amusement (Carson & Becker, 2003). More generally, creativity works to improve the quality of life, for both client and counselor, while enhancing knowledge related to making individual lives more interesting and productive (Csikszentmihalyi, 1996). Finally, in the therapeutic context, creativity works to decrease the problem of "stuckness" for both counselor and client (Hecker & Kottler, 2002). Clearly, creativity plays a vital role in therapy in general and, perhaps, plays an even more crucial role in the treatment of mandated clients with COD, a population that can be particularly challenging in treatment (Carlson & Garrett, 1999).

"The Grief & Hope Box" activity is intended to infuse treatment with creativity and the associated benefits. Particularly when clients struggle in the process of disclosing information, using creativity creates space for change and introspection, in addition to leaving an imprint on the minds and souls of all participants (Schofield, 2002). Creativity is a valuable aspect of the therapeutic process and should be integrated into treatment to enhance the overall experience of therapy for both counselor and client. "The Grief & Hope Box" activity provides one way of making creativity possible.

Self-Disclosure in Adults with COD

In addition to the benefits described, creativity creates space for change and introspection (Schofield, 2002) and facilitates the discussion of stressful and traumatic experiences related to grief and loss. Healing takes place, in part, through allowing clients to express their experiences around the stressful and traumatic events associated with imprisonment (i.e., separation from children and other significant family members). The following section establishes the empirical support for the benefits of self-disclosure.

The physiological and psychological benefits of self-disclosure are strongly supported in the literature. Expressing emotional thoughts, feelings, and/or memories (relative to writing about superficial control topics) has been associated with significant declines in healthcare visits (Pennebaker & Beall, 1986), long-term immune system benefits (Pennebaker, Kiecolt-Glaser, & Glaser, 1988), more rapid re-employment following job loss (Spera, Buhrfiend, & Pennebaker, 1994), decreased absenteeism from work (Francis & Pennebaker, 1992), an improved college adjustment process, and higher grade point averages in undergraduate college students (Cameron & Nichols, 1998). Additionally, several other studies have examined the positive biological effects of disclosure, highlighting the dynamic relationship between the mind and body (Christenson et al., 1996; Dominguez et al., 1995; Francis & Pennebaker, 1992; Pennebaker, Hughes, & O'Heeron, 1987; Petrie & Booth, 1995).

Three Hypotheses: Inhibition, Cognition, and Social Integration

In hypothesizing *why* research consistently supports the benefits of disclosure, Pennebaker proposes three inter-related theories for an explanation: (a) inhibition theory, (b) cognitive organization, and (c) social

integration (Pennebaker, 1997). Pennebaker (2001) describes inhibition theory as follows:

To actively inhibit ongoing thoughts, emotions, or behaviors, requires work—physiological work. We can see the work of inhibition in autonomic nervous system activity as well as brain and even hormonal activity. Over time, inhibition serves as a long-term, cumulative, low-level stressor that affects the body. This inhibitory stress, then, can cause or exacerbate a number of psychosomatic illnesses. The reverse side to this theory is that if we can get people to stop inhibiting, their health should improve. (Pennebaker, 2001, p. 34)

Pennebaker supports the rationale for the theory by citing the numerous studies that have found an association between disclosure, higher immune-functioning, and decreased physician visits.

Pennebaker (2001) explains that the limits of inhibition theory were realized during follow-up research when participants were asked to describe what was helpful about the expressive activity. The researcher explains that the participants “kept using words like ‘understandable,’ ‘realize,’ ‘come to terms,’ ‘getting past,’ at high rates,” leading to the belief that there was “something very cognitive going on besides just a reduction in inhibition” (Pennebaker, 2001, p. 39). Pennebaker uses the metaphor of a “story” or “narrative” and hypothesizes that there is a relationship between an individual’s ability to construct a personal narrative and a cessation of negative affect. Pennebaker states that the process of constructing a story “allows one to organize and remember events in a coherent fashion, while integrating thoughts and feelings . . . Once an experience has structure and meaning, it would follow that the emotional effects of that experience are more manageable” (Pennebaker, 2001, p. 39).

Finally, the third hypothesis that Pennebaker (2001) proposes involves the process of greater disclosure leading to increased social integration. Pennebaker explains that keeping a secret or feelings or thoughts related to a stressful or traumatic experience has an isolating effect,

If I have a traumatic experience and can’t tell anyone about it, no one in my social world will know what I’m thinking and feeling. I will be preoccupied with the emotional event. The longer I live with this secret, the more detached I will be from others in my social world. Almost by definition, I will become more and more iso-

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needed to explore the meanings behind their loss. As group members begin to externalize their grief, and explore the meanings behind it, therapy can be used as a catalyst to enhance insight and growth in their lives.

Instructions

When working with adult offenders with COD, it is important to understand that grief and loss are a part of their everyday life. From the moment of incarceration, they are faced with the loss of their freedom, loss of employment, loss of choice, loss of their children, and loss of their spouse, family members and friends. However, these individuals rarely talk openly about this loss, in fear of being portrayed as vulnerable or weak. As a result, this activity is most effective when used with an established group after cohesion and safety issues have been established. It is our experience that in a safe environment, group members are more likely to be open and sincere about their loss, and that group members readily demonstrate support to one another throughout this process.

Items Needed for Exercise

1. Scissors (enough for each group member);
2. Markers, crayons and colored pencils;
3. Tape or glue; and
4. Box outlines (enough copies for each group member).

Ground Rules

At the beginning of the group session, the facilitator introduces the idea of the "The Grief & Hope Box" activity, explaining how each member of the group has experienced loss that often holds them back into becoming the person they want to become. Examples of this grief or loss might be the shame or guilt emotions that the group member experiences in the separation from their children or family members. Another possible example may be the emptiness felt in a spouse not waiting for them, or the pain of having a love one die while the group member was incarcerated in prison. The facilitator explains that just like a box, grief builds a wall that may prevent us from growing into the person we want to become. As a result, group members may fail to reach out to others, or express their emotions in a positive way. The facilitator then asks the group to reflect on their own lives and think of what issues

of grief and loss are keeping them captive and from truly finding and living their dreams.

Process

1. Each group member goes to different parts of the room, where they can be alone.
2. Group members are instructed to cut out their own "Grief & Hope Box."
3. They are then asked to draw and or write what issues of grief and loss are keeping them captive; on each of the four sides of the box. Group members are encouraged to be as creative as possible.
4. Next, group members are instructed to assemble their "Grief & Hope Box."
5. Once the boxes are assembled, the group facilitator asks the group member to look within themselves and think of the positive attributes that are locked inside of their box. These attributes may be the vulnerable aspects of their lives that they would like to express, but do not because of the "walls" surrounding them. Again, group members are encouraged to be as creative and reflective as possible and to write these attributes on the inside of their box.
6. Once they have completed this task, the groups members are asked to return to their seats with their "Grief & Hope Box" in hand.

At this point, the facilitator may choose to self-disclose and model the exercise, explaining his/her issues of grief or loss in his/her life to begin the exercise. Having the facilitator begin "The Grief & Hope Box" activity has the advantage of illuminating the significance of one's grief and loss. This can be an important first step, since many people do not generally realize the impact and meaning of grief and loss in their lives. Additionally, as the facilitator displays vulnerability by beginning the activity, group members may be more likely to also respond in a more vulnerable manner. As with any disclosure, the facilitator must be sure that his/her own vulnerability adds to the therapeutic context and does not distract from the therapeutic process. If the facilitator feels uncomfortable participating, he/she may choose to take the one down position and ask the group members to help him/her understand the impact of their experiences with grief and loss issues. During this process, the group facilitator

may choose to ask clarifying questions and use reflective comments during the group members' disclosure.

THE GRIEF & HOPE BOX: CASE EXAMPLE

The following are a few examples of how this activity was applied to a "Working Group" of adult offenders with COD facing community reintegration issues. In this case example, the first group session is spent on exploring issues of grief and loss. The next or second group session focused on the group member's positive attributes that are held hostage within their box. Please note that fictional names are used in the following two illustrations.

Tom's Loss

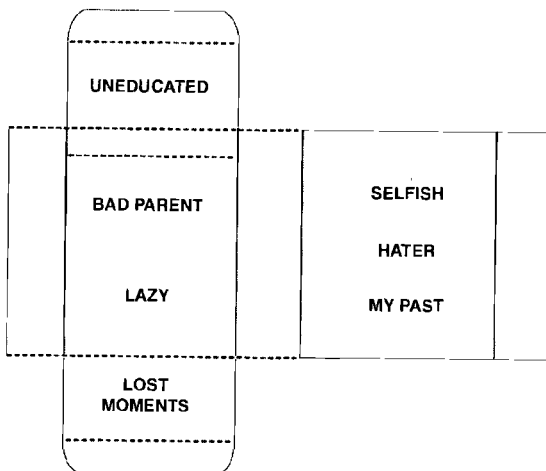
Tom was an active participant in our group, having been recently released from prison after serving seven years on a drug-related offense. While Tom reported that he was glad to be out of prison, he stated that he was struggling with family and employment reintegration issues. Specifically, Tom stated that he was not able to forgive himself for "not being there" for his children. Accordingly, Tom was able to use this activity to express his grief and loss in a supportive and understanding environment. In addition, Tom met the DSM-IV-TR criteria for a depressive and substance use disorder.

Tom began the activity in describing his box of "loss" as "un-scalable walls of guilt and shame." On each wall, Tom drew bricks enclosing around himself with the words: "BAD PARENT," "SELFISH," and "LOST MOMENTS" in large black letters. He described each of these words as "suffocating" and "immobilizing." In fact, Tom reported that these words often flashed in his mind when he was at home, and kept him from taking present action in being the father his children needed. Whenever he tried to take a more active role in parenting, he reported that he would often feel shame as his children frequently lashed out in anger because he "was not there" for them. Tom reported that this experience would further reinforce his behavior to withdraw and remained uninvolved with his family, perpetuating a vicious cycle.

As group facilitators, we felt that Tom's experience was not isolated and probed other group members if they experienced some of the same or similar emotions. The response was almost universal. Several group members were able to describe feeling identification with Tom, and

provided insight into how they overcame their own shame and guilt surrounding parenting issues, incarceration, and COD. Another group member described her parenting struggle, as a process of learning how to "accept the time she lost" with her kids, while at the same time, recognizing that she could not allow herself to lose what little precious time she had left with them. As Tom listened to her story, it became clear that he felt supported and heard. He seemed to have felt empowered by the group members' altruism and their empathic stance. By overtly identifying the problem, Tom was able to verbalize what the tasks he needed to accomplish in order to overcome the problem, even at the risk of being rejected by his children. This therapeutic process also allowed Tom and other group members an opportunity to self-disclose their emotions surrounding grief and loss issues, facilitating the development of more coherent personal narratives and increasing feelings of connection that would, hopefully, carry over to their relationships outside the group process. Figure 1 illustrates an example of the completed outside walls of the "Grief & Hope Box."

FIGURE 1. The Grief and Hope Box—Tom's Outside Walls



Chris' Shame

Chris was the youngest member of the group, age 23, and had served over two years in prison for drug-related offense. Unlike Tom, Chris had no children, and was struggling with entirely different issues of grief and loss that were preventing him from accepting the responsibility of his life. Likewise, at the intake assessment, Chris met the DSM-IV-TR criteria for an anxiety-related and substance use disorder.

Chris' box was less detailed than other group members. However, the meaning Chris associated with the "Grief & Hope Box" activity was just as emotionally laden. On each wall of his box, Chris had written in large letters: "LOSS of FAMILY" and "SCHOOL." He described losing contact with his family, and his uncertainty of enrolling in school and pursuing an education. Chris described himself as someone who was "never really in trouble," but was "involved with the wrong crowd" when he attended college. As a result, he reported that began using drugs, eventually selling substances "to earn extra cash." Unfortunately, Chris stated, this led to his arrest and subsequent conviction.

Chris described the loss of his family as "devastating." He stated that he has had little contact with them since his incarceration. In fact, Chris reported that his father had not spoken or communicated with him in over two years. Chris stated that he was extremely "hurt and depressed" by this experience, and that he longed to have a relationship with his father. Nevertheless, Chris reported that he "felt too much shame and guilt to even attempt to contact them." Much like a ship without a rudder, Chris felt directionless in his life, and stated that he did not know how to reach out to his family. Chris then turned to the group for help.

One group member quickly shared his own experience of his family's initial reaction to his legal troubles. However, the group member shared that after time, his family slowly began reaching out to him. The group member shared that he believed his family was struggling with grief and loss, as well, and that they were unsure of what or how to support him. His fellow peer indicated that his family was afraid that he had not changed and may again become involved with drugs. Other group members encouraged Chris to take the responsibility of reaching out to his family. Still other group members supported Chris by providing positive feedback of his current behavior (e.g., employment, compassionate, genuineness, etc.). Another group member indicated that Chris was responsible for his actions and not for his family's actions. Chris seemed to appreciate the feedback, and began to formulate concrete tasks he could accomplish in order to begin rebuilding his family rela-

tionships. At the end of the group session, Chris told his group peers that he intended to send his family a card letting them know how he was doing.

SECOND GROUP SESSION

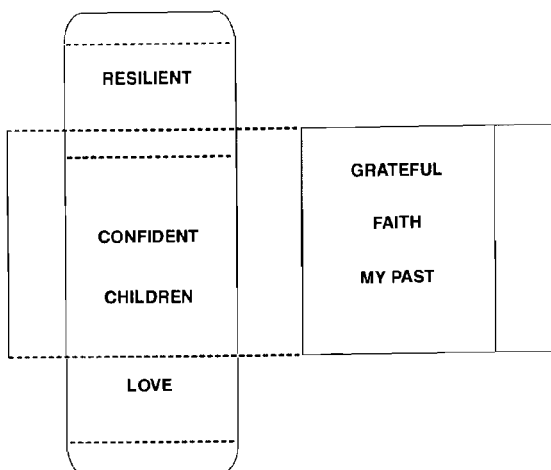
During the second group session of "The Grief & Hope Box" activity, group members shared their positive attributes that may often be "held hostage" by their feelings of grief and loss. In addition, group members discussed possible avenues and strategies for empowering these positive attributes.

Tom's Strengths

When it was Tom's turn to discuss what he had written inside his "Grief & Hope Box," he disclosed the difficulty of identifying his positive attributes. He reported that it wasn't until the previous group session that he realized the incredible impact that his grief and loss issues had taken on his perception of self, especially in relation to his children. Tom then opened his box and stated that his greatest strength was often his greatest liability, his CHILDREN. Tom self-disclosed how he finds strength in wanting to be a good father, and that he recognizes the COMPASSION and LOVE he has for them. Even after his children lash out at him, Tom stated that he hangs on to the HOPE that things can be better. Tom declared that HOPE keeps him "from quitting."

As group facilitators, we praised Tom for identifying the compassion and love he feels for his children and challenged him on ways he can make his HOPE a reality. As Tom explored possibilities, several group members assured him that in redefining parental boundaries, things may become worse before stabilizing and enjoying a healthier, productive life with his children. His fellow group peers encouraged him to demonstrate stability and consistency with his children "showing that he is home to stay." Interestingly, at the end of sharing his positive attributes, Tom smashed his "Grief & Hope Box" symbolizing the freedom of his positive attributes. Figure 2 illustrates an example of the completed inside walls of the "Grief & Hope Box."

FIGURE 2. The Grief and Hope Box—Tom's Inside Walls



Chris' Strengths

Chris identified his strengths as his FAITH in God and DESIRE TO BE DIFFERENT. Chris stated that he believes that God has a life purpose for him, and that he believes that his life experiences happen purposefully. Chris shared that this faith has helped him find meaning in his struggles and perseverance in his life.

He identified with a strong desire to “make something” of himself, and to “prove to himself and his family” that he can “be someone.” He reported that he realizes being extremely fortunate that he was not sentenced to a longer period of incarceration, and that he still has an opportunity to go to school. Group members encouraged Chris to take advantage of his opportunity to go to school and better his life. At the end of his sharing, Chris emphatically smashed his box several times.

DISCUSSION

As demonstrated in the above case illustration, “The Grief & Hope Box” activity is a way to access client creativity in a manner that facilitates self-disclosure surrounding issues of grief and loss among adult

offenders with COD. This activity also provides a creative way for clients to identify strengths that may be constrained by issues of grief and shame, thus facilitating discussions related to growth and healing. While treating individuals with COD in the criminal justice system can be challenging, creative activities such as "The Grief & Hope Box" activity provide a method of accessing and exploring previously unidentified and suffocating feelings and beliefs related to grief and loss. The activity may also help to build group cohesion, decrease feelings of isolation outside of the group experience, and improve psychological functioning. Moreover, creative activities, such as "The Grief & Hope Box" provides opportunities for incarcerated parents to grieve their losses and build a new dream.

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