

CalWORKs Project

California Work Opportunities
and Responsibility to Kids

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POLICY AND PRACTICE BRIEF

TANF children of mothers with serious AOD, MH, or DV issues in our study exhibit six to seven times the number of problem behaviors as those whose mothers do not face these situations.

WELFARE REFORM: PERSONAL STORIES OF FOUR WOMEN WHO HAVE FACED ALCOHOL AND OTHER DRUGS, MENTAL HEALTH AND DOMESTIC VIOLENCE ISSUES

RESULTS IN BRIEF

This *Brief* relates the personal stories of four women who are TANF recipients and have a serious alcohol or other drug, mental health, or domestic violence issue. They were interviewed as part of a research project in two California counties.

All four women, like 80% of the research participants, had experienced domestic violence during their lives—sometimes in multiple relationships. Three of the women had serious substance abuse problems which they overcame, after numerous tries. One of the women suffered from serious panic attacks that required both ongoing treatment and accommodations in her welfare-to-work plan. And all four of the women report feeling overwhelmed at times by the daily burdens of raising children on their own without adequate financial resources or emotional support.

None of the women described the process of overcoming her problems as either quick or simple—recovery from these conditions is a long-term process. But their stories are also encouraging—they all made substantial progress with the support of treatment or domestic violence services offered within the context of TANF programs. Two of the women are working, one is actively engaged in a job search, and the fourth has been approved for a training program. All four report better relationships with their children. And perhaps most important, they have gained the self-confidence to allow them to hope for a better life in the future.

CalWORKs Project research shows that at least one-third of TANF participants have an alcohol or other drug, mental health, or domestic violence issue serious enough to warrant services. TANF reauthorization legislation—and how states implement it—will determine how many women are able to get the services they need in order to move toward economic independence.

In this *Brief* we tell the stories of four women who faced alcohol and other drugs (AOD), mental health (MH), and/or domestic violence (DV) issues while they received welfare.

The stories serve as a window revealing how the AOD, MH, or DV issues began and how they affected the lives of the women and their children. The stories also provide insights into the effectiveness of services for AOD, MH, and DV situations, provided within the context of a TANF program. These services helped both to overcome barriers to employment and to improve the well-being of their children.

ALICE

Family background and domestic violence. Alice, in her 30s, was raised with her sister in a stable middle-class family that never received welfare.

Alice married early and at age 20 planned and had her first child. Speaking about her husband, she said "...he used to be a bad drinker. He would become drunk and he would be violent." Her husband worked for about six months after the birth of their first child but has not provided any financial support since then.

■ In the CalWORKs Project research, 17% of the women had used welfare to escape an abusive

Susannah's self confidence diminished when she began having panic attacks. Almost half (41%) of study participants with a serious MH problem have very low self-esteem compared to only 5% of those without a serious MH problem.

THE RESEARCH

This is the fourth in a series of *Policy and Practice Briefs* on the impacts of AOD/MH/DV issues in the TANF population and the implications of these findings on welfare reform. The first *Brief* presents prevalence data and information about service use. The other two focus on the effects of AOD/MH/DV issues on employment and child well-being. All of the *Briefs* and a number of other research reports are available at: www.cimh.org/calworks on the Internet.

situation. The younger the women, the more likely they are to be in an abusive relationship. In our study sample, 58% of the women under age 25 had been in an abusive relationship during the last 12 months.

Addiction and recovery. Alice began using drugs with her husband when she was 18. She became addicted to heroin and used it regularly for 11 years.

After the death of her mother, Alice began a series of efforts to quit her drug habit—she reports 20 different attempts—but she was not successful until beginning a methadone maintenance program five years ago. She said "...it all depends on whether you are ready to quit." She continues to rely on treatment. "I have a counselor I talk to twice a month still. He helps me a lot."

Impact on children. Alice worries about her older son, who is receiving mental health counseling. Her daughter was diagnosed with Attention Deficit Disorder and now is treated with medications. Alice says the most rewarding experience she has had as a mother is "watching my daughter go from Ds and Fs to As and Bs....We got it [Attention Deficit Disorder] diagnosed, we got her on medications and watched her grades just skyrocket and her just blossom. And my son, too, as far as his counseling, he is doing a lot better. His grades are going up."

■ The children of TANF participants with AOD, MH, and DV issues are exposed to a higher level of risk and are more likely to have problems. For example, about 33% of the children of TANF mothers in the sample with domestic violence issues had moved at least twice during the last year; about 54% of mothers with mental

health problems had been contacted by the school about their child's behavior; and, just under 7% of the families with AOD problems had a child in out-of-home placement.

Welfare and employment. Alice is a high school graduate and has held a number of jobs But she has not worked since she first began receiving welfare. She has taken advantage of training opportunities under TANF, taking classes in clerical and computer skills. But she has not yet been able to find a job because employers all want someone with experience.

Current view of life. Alice describes her emotional health as poor, largely because of her worries about how to manage her daily life, particularly within her limited financial resources. "It is real hard. Like right now, my rent and my PG&E takes my whole check. So there is no phone, no toilet paper, there is no shampoo, there is no anything. I get a few food stamps, but of course they don't last all month. So the last week of the month, we eat noodles and things like that. So it is hard, real hard."

■ Women with AOD, MH, or DV needs are even worse off economically than are TANF participants in general. Thirty eight percent of women with any of these needs had to use a food bank in the year after welfare reform provisions were applied; 34% said they skipped meals or cut back on the portion size; 10% had been homeless (living on the street or in a shelter) during the year; 44% had debts of more than \$1,000; 24% did not have a phone; and 33% said that at least one child did not get all the dental care needed during the year.

BEVERLY

Family background and domestic violence. Beverly's mother, originally from Mexico, had 13 children. Beverly never knew her father. She experienced embarrassment and felt envy as a child because her family was always on welfare, "...seeing all the other kids that had stuff that I knew we would never get."

Beverly left home at age 16. She had her first child at age 19 and left the relationship when she was pregnant with her second child. The father took the children every other weekend for the first six years, but has had an inconsistent relationship with the children since. "I grew up without a dad so therefore, I put up with a lot of verbal and emotional abuse, just so that my kids could have their father in their life."

Addiction and recovery. At age 25, Beverly first tried methamphetamine, and her ongoing use over many years led to her arrest on several occasions. Although she had a few periods of abstinence of up to six months, she always returned to using drugs. After one of her court dates four years ago, however, she went home and flushed the drugs down the toilet and has been clean since then. She regularly attended Narcotics Anonymous meetings for three years and now goes about once a month. "My boyfriend and kids have told me on more than one occasion how proud they are of me, and that makes me feel so good for them to see me like that now."

Impact on children. Beverly acknowledges the difficulties that her addiction caused her children. "I took my girls to hell and back on more than one occasion. They were there before I was using, they were there while I was using, and they are there now." She is proud of the relationship and the good communication she has with them now.

Welfare and employment. Beverly dropped out of high school as a senior, but has since received a GED (General Education Development) certificate and taken some college courses. She worked before her first pregnancy but did not hold regular jobs while she

was addicted. She first went on welfare when she quit using drugs. She has been making steady progress vocationally and no longer receives any cash assistance. She has had three jobs, each for at least one year, since becoming clean. She is now a manager of a store in a retail chain. "This is the best-paying job I have ever had...[and for the] first time I am not living from paycheck to paycheck."

■ Our research results show the potential to nearly double employment rates by remediating AOD/MH/DV and other common barriers to employment. Accomplishing this requires a TANF system that has effective specialized programs and supportive services that are adequately funded and that allow participants the time they need to address the barriers.

Current view of life. Beverly now feels very good about her life. "You know, for the first time in my life, I am truly happy with my life, with myself, with my job, with my kids, with my home, with my boyfriend, with everything that revolves around me.... So, now I am starting to meet my expectations. Now I am star of the day. I still want more, because I have achieved this and I know I can achieve more."

SUSANNAH

Family background and domestic violence. Susannah is a woman in her 30s raised with five siblings, whose parents came to the United States from Mexico in their teens. She lived with her mother after her parents divorced when she was 6 years old, but she has continued to have steady contact with her father. Her mother had numerous boyfriends, three of whom molested Susannah. She feels a lot of resentment toward her mother—for her infidelity which led to her parents' divorce, for failing to protect her as a child, for her lack of sufficient love and attention, and for failing to insist on her completion of high school.

■ All four women whose stories we present here experienced physical, sexual, or emotional abuse. About

80% of women in our study sample reported such an instance at some point in their lives. A total of 42% reported abuse as a child, with 23% reporting sexual abuse as a child; 64% said they were subjected to physical abuse as an adult, including 26% who had been physically abused while pregnant. Although some of the abuse occurred years before the interviews, effects can be long-lasting. Roughly 21% of the survey participants, over the two-year period, had a current diagnosis of post-traumatic stress disorder from an instance of prior abuse.

Susannah gave birth to her son when she was in her late 20s; the father was an old high school boyfriend who already had four other children. "I tried [living] with him because I didn't want anybody to tell me 'you never tried.' It didn't work...so I left him in the middle of my pregnancy." She has received no financial support from the father, who has had no relationship with his son. All of her other relationships, except her current one, were short-term and/or involved domestic violence.

Mental illness and recovery. Susannah started receiving welfare after her son was born. She went back to work when her son was 3 years old and has worked off and on since then. Three years ago she started having panic attacks, greatly complicating her work situation. The attacks were initially so severe that she would pass out or vomit. After the panic attacks started, Susannah and her son lived with her mother for eight months because she was afraid to be on her own. She also stopped driving, and felt overwhelmed when in a crowded place. The most important consequence of the attacks was a loss of self confidence. "They [panic attacks] have affected my life a lot, and I've lost jobs and it's hard to get confidence back in myself...because I have such fear of having an attack in the middle of somewhere."

■ The two biggest psychiatric causes of workplace disability in the United States are depression and

panic attacks. Both cause enormous losses of productivity, affecting workers as well as employers. About 10% of the women in our welfare reform research sample reported panic attacks and 27% met the diagnostic criteria for major depression.

Susannah has received treatment for the panic attacks since they began. The medications she takes have helped. She attended meetings of a panic attack support group and also has learned some relaxation techniques that allow her to control the attacks better. "After I started having the attacks and started seeing the therapist, that's when it brought out a lot of my past and stuff and I started having to deal with that. And that's when I started to get, you know, depressed more." She underwent individual counseling, which she said was very helpful, but discontinued that treatment when the therapist moved to another location. Susannah has attended therapy sporadically since, but has difficulty in arranging time to go.

■ TANF workers in our research report that AOD, MH, and DV services are effective for participants who complete the services. Keeping clients engaged in services is difficult, and a sizable number of clients of most programs quit before they should. Susannah's experience demonstrates that fitting these services into a life overwhelmed with other demands can be a struggle. Programs that provide case management, transportation, and child care achieve better retention of clients than programs that do not offer all of those services.

Impact on children. Susannah's son is 6 years of age. During the worst times of her illness Susannah worried about the effects on him. "I felt at the time that it stopped me from being a good mom, because when I was on medications I couldn't spend as much time with my son or give him the time or attention that he needed."

Welfare and employment. Susannah has always been able to find jobs, but

believes her choices are now more limited because she has to avoid stressful environments. She is a licensed manicurist but exposure to the chemicals now triggers panic attacks. Although she previously liked working around people she now feels incapable of remaining calm in a job that would involve stressful interaction with customers. "I'm not the type of person to be working around a lot of people any more. [I can't] be in the kind of work where I have to deal with customers. I wouldn't be able to handle it. I just couldn't." The Department of Rehabilitation offered her training as a masseuse, which she thought she could handle, but training was postponed when she was involved in an accident.

■ The Americans with Disabilities Act requires employers of persons with disabilities such as Susannah's to grant them workplace adaptations if necessary. Vocational rehabilitation professionals are trained in helping persons with disabilities find appropriate jobs, sometimes requiring workplace accommodations. Such vocational assistance may take place even before treatment is completed.

Current view of life. While she is struggling to make ends meet, Susannah feels more optimistic and confident. "The more things that I've pushed myself to do, the more courage I had to go out and do these things that I was afraid of doing." She is planning to get married soon to someone who understands and accepts her situation. "For the first time in a long time I kind of feel like I see a light at the end of the tunnel, when before I just felt like it was never ending and I was falling deeper and deeper and deeper."

DELORES

Family background and domestic violence. Delores's father was an alcoholic and physically abused her mother. "I remember my dad going to jail when I was 5 years old, for him and my mom fighting....I remember...when I was like 13 years old I used to pray

Because recovery takes time, TANF reauthorization should allow AOD, MH, and DV services to count as welfare-to-work activities for at least one year.

that my parents would get a divorce, because by then my dad was drinking.” Her mother divorced her father when Delores was 14, and she and her mother and brother moved from a small protected community to a larger city. She had a hard time with the adjustment and after dropping out of school, she finally got her high school degree from a continuation school.

Delores gave birth to her first child when she was 19. Her husband began physically abusing her during the pregnancy. Delores left the relationship when her daughter was 2 years old, and the father has been absent since. Delores became pregnant again while she and a subsequent partner were both addicted to drugs. While that relationship ended two years after the birth of their daughter, the father continues to provide financial support (through a garnishment of wages). His visits to his daughter concern Delores because he is still using drugs.

Addiction and recovery. Delores began drinking alcoholic beverages when she was 15; she used hard drugs for the first time at age 16; and she was addicted to methamphetamines by the time she was 20. She failed to comply with a drug court order and spent some time in jail. After serving her sentence she tried but was unable to stay clean on her own. She requested a return to drug court. Even then she was unable to stay clean for more than 60 days and finally requested imposition of court-administered testing every week. That mandatory testing provided the structure she needed, and she now has been clean for two years. She attends Narcotics Anonymous meetings and has received some counseling. “You can’t do it alone. You have to have a support group, you have to have counseling, because I think underneath the addiction, there’s a lot of issues. That’s why we use.”

Delores believes that she was able to stop using drugs because she finally faced her addiction and because her treatment program kept her focused on her goal of genuinely trying to get clean. “Once I had a taste of recovery and what recovery was, when I would use after that, it wasn’t the same.... I

wasn’t able to hide behind it, I wasn’t able to feel good about myself, I felt extremely guilty, I wanted a different way of life. And I think what’s kept me going is knowing that if I just ...did what I was supposed to and took advantage of the counseling, because it was there to help me, then I could get [and] stay clean.”

Impact on children. Delores and her children lived with her mother most of the time she was using drugs. Her relationship with her children is better now, and she is more involved in their school and lives.

Welfare and employment. Delores worked periodically until her second child was born, at which time the addiction prevented her from working. She has profited substantially by the opportunities offered through TANF. Initially she did not tell her TANF caseworker that she was in recovery because she was afraid she would lose her aid. After encouragement from her counselor she did tell her case worker, who then eased the requirements for her job search. Delores asked for and obtained a clerical training course and was then placed in a community service job. After four months she was hired at \$7.83 an hour. She is now taking home about \$1,000 a month but still receives a small additional cash grant. She has started a savings account.

POLICY AND PRACTICE RECOMMENDATIONS

Policy recommendations:

These life histories provide concrete examples of the kinds of changes that are required in TANF reauthorization and state implementation legislation.

Federal reauthorization and state implementing legislation should incorporate flexibility in rules and regulations to accommodate the needs of participants with serious AOD, MH, and DV issues.

- Flexibility should be allowed for interrupting or extending the time clocks while participants are actively engaged in AOD, MH, or DV services.

- AOD, MH, and DV services should be regarded as allowable work activities for at least one year. And, when appropriate, the hours that are spent in AOD, MH, and DV services should be considered to meet the full requirement of welfare-to-work until the participant is able to manage additional hours of work, education, or training.

Federal reauthorization should not encourage women to stay in unhealthy relationships.

- Creation of incentives for marriage is potentially dangerous for both women and their children, given the high rates of DV within this population.
- Many of the young men who are fathers of these children lack the personal, educational, and vocational capacity to provide financial and emotional support to their partners. Resolving these issues among impoverished young males will be more useful to their children than promoting marriage to their partners.

Federal reauthorization should eliminate the option that allows states to deny TANF services to people who have been convicted of a drug felony.

- Recovery is difficult enough with full financial and emotional support, and virtually impossible without. TANF can be a lifesaving source of both temporary cash assistance and help in re-entering the workforce.

Federal reauthorization should require the Family Violence Option in all states.

- The Family Violence Option permits states to grant waivers of welfare requirements if doing so is necessary for the safety of the mother. Given the 80% of our research project participants who experience DV and the 18% who have used welfare for escaping a violent relationship, provision for such waivers should be mandatory.

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and Responsibility to Kids

THE CALWORKS PROJECT

CalWORKs (California Work Opportunity and Responsibility to Kids) is California's implementation of the federal Temporary Assistance to Needy Families (TANF) program. The CalWORKs Project is a collaborative effort of the California Institute for Mental Health, Children and Family Futures, and the Family Violence Prevention Fund. Funding from the California Department of Social Services, voluntary contributions from California counties, the David and Lucile Packard Foundation, the California Wellness Foundation, and a grant from the National Institute of Justice support the Project's work. Additional information about the Project and products from the Project are available at www.cimh.org or by calling (916) 556-3480.



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Practice recommendations:

Special efforts should be made to engage participants in AOD, MH, and DV services.

- Multiple efforts at engagement should be made over time. This approach includes maintaining contact with participants who quit or “fail” (e.g., an AOD relapse) to give them opportunities to reconnect.
- Provision of transportation and child care has proven effective when AOD/MH/DV programs have offered them.

Special work accommodations may be necessary for some TANF participants because of their AOD, MH, or DV issues.

- AOD, MH, and DV services will not always totally resolve problems or issues that TANF recipients face.
- TANF caseworkers may need special job development skills or assistance in working with the participant to find a job that accommodates her special needs.

Specialized AOD, MH, and DV programs or staff members should be available to serve the TANF population.

- Serving TANF participants involves activities that are beyond

the scope of usual treatment programs—e.g., assertive outreach, understanding of TANF rules and regulations, coordination with TANF caseworkers, and providing services with a focus on employment.

- TANF funds have been set aside specifically for meeting AOD, DV and MH needs of participants in California. As a result, specialized programs have been developed to work closely with the TANF program.

Attention should be paid to the needs of the children in TANF families in which AOD, MH, or DV issues confront the parent(s).

- AOD, MH, and DV program providers should, at a minimum, ask the parents they serve whether any of their children are having problems or have special needs.
- Preferably, an assessment of the needs of the children should be included in the initial assessment of the parent.
- Services should be provided to the children as needed, either through regular sources of reimbursement or through TANF funds.