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MOTHER AND CHILD RESIDENTIAL TREATMENT FROM AN ADULT CHILD PERSPECTIVE: "THE FORGOTTEN VOICES"

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MOTHER AND CHILD RESIDENTIAL TREATMENT FROM AN
ADULT CHILD PERSPECTIVE: "THE FORGOTTEN VOICES"

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
April Eden Wilson
June 2015

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ABSTRACT

These days most everyone can say that they know someone who has been impacted by substance abuse and today's society is very familiar with the fact that it can wreak havoc on families. There has been a significant amount of research devoted to finding not only the best practices to treat families who are impacted by the disease of addiction but there has also been a great deal of attention focused on the adult perspective on these services once they have been received. Where the research is definitely lacking is how the children involved with the services perceive their own involvement. How are their lives impacted by being involved in treatment with their caretaker? The children seem to be the forgotten voices in this scenario.

This study focuses on the adult/child perspective of children who have experienced at least one residential treatment episode with their mothers. The sample came from a long-term residential drug treatment facility that is primarily focused on treating families impacted by substance abuse. These adult children experienced treatment with their mothers before they were 12 years old. They will share their perspectives on this experience.

ACKNOWLEDGMENTS

I would like to express my special appreciation and thanks to my advisor Professor Dr. Cory Dennis, you have been a tremendous support for me. I would like to thank you for encouraging my research and for allowing me to grow through the process. Your expertise in my area of specialization is commendable and I learned a great deal from you throughout the program. I would like to also thank Dr. Davis for your vast knowledge in treating those affected by substance abuse.

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I would like to thank Maryann Fraser and Dr. Vivian Brown for having the vision to create a place like Prototypes. Your vision contributed to saving my life and breaking the intergenerational cycle of addiction in my family and the families of countless others. You are angels.

A special thanks to Cassandra Loch who pushed me to achieve what I thought was unachievable.

To my Pitzer community; you are forever a part of who I am today. My gratitude is never-ending.

A very special thanks to my family and friends. Words cannot express how grateful I am to each of you who put up with my craziness over the last eight years. It has been a difficult road but I never gave up because I had all of you there cheering me on. Now that I am done I have the greatest gift in the world; time to enjoy my LylaBug.

To my aunt and uncle, Karen and Wally, without them I would be lost. I love you both very much. Thank you for never giving up on me no matter how bad things got... you two are my foundation.

To my mother, my "biggest cheerleader" thank you for your unwavering support. Your dreams have been what have carried me through some of the difficult days. I love you.

DEDICATION

This thesis is dedicated to all of the clients who I have worked with over the years who have had the courage to face their demons and overcome insurmountable barriers. Each of them have inspired me to continue my work with passion and tireless commitment.

This work is also dedicated to my daughter, my angel, who would not allow me to quit even when I thought I could not go on; you are my inspiration and my reason to aspire beyond what I think I can achieve.

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CHAPTER ONE

INTRODUCTION

One of the nation's most devastating issues impacting families is the prevalence of substance abuse and the devastation it creates. There have been many interventions developed to address this complex problem. One of the innovative solutions that has been researched thoroughly over the last twenty years is family centered or mother and child residential treatment models. However this research has been largely from the perspective of the parent or adults who have been in treatment, yet there is very little data that can be found about how children experience these programs. There is a definite gap in research available that can inform the field of social work on how children experience these mother and child residential treatment experiences.

Problem Statement

One of our nation's most serious health concerns is substance abuse among adults, many of which are parents. Addiction affects 40 million Americans each year. According to the National Center on Addiction and Substance Abuse at Columbia University, 2012, this is a greater number than other serious concerns such as heart disease (27 million), diabetes (26 million) or cancer (19 million). When looking at substance abuse and the epidemic proportions the nation is facing, it is impossible to ignore the concerns and risk

factors for adults who are impacted, and for the children who are connected to these adults (CASA, 2012). A national survey from 2002 to 2007 indicated that over 8.3 million children under 18 years of age (11.9%) lived with at least one parent who was dependent on alcohol or an illicit drug during the past year (NSDUH, SAMHSA, 2009).

This means that at least 8.3 million children and their families are in need of some type of intervention. That being said, there are very few programs that are designed to deal with substance using parents who want to retain custody of their children. As it currently stands, many mothers will be less likely to seek any type of treatment for fear of losing their child, which puts their children at greater risk (Tracy & Martin, 2007; Einbinder, 2010). These risk factors make it more difficult for individuals and families to access the care that they need, and increases the burden many of our already overwhelmed systems such as child welfare (Niccols et al., 2012). Looking at these staggering statistics makes it obvious that a solution is needed that can address the issues faced by the family as a whole. These family centered treatment programs focus on addressing the complex needs of the addicted parent while simultaneously incorporating services for the children involved with the addicted parent.

To understand the problem and how to address it requires an understanding of how relationships and tasks are established and maintained within a family and how they are impacted by an active substance user in the

family. Things may become distorted when someone in the family is actively drinking and/or using substances. There are certain tasks within the family that may not be achieved due to the diverted attention to the active substance abuser within the home, particularly a parent (William, 2000). For instance there are different developmental milestones that may have to be delayed or could be totally missed due to the need to keep the balance in the family system. The family systems theory seeks to understand behavior based on how a member of the family operates within the group. The premise is that all of the individual parts are interacting are related and have influence on the other parts (Adelson, 2009). The important thing to remember is that when an individual within a family begins to change their behavior in any way, the change will affect the unit as a whole (Lander, Howsare, & Byrne, 2013). Once a family reaches treatment the assumption can be made that the family has been through a great deal of uncertainty and change prior to entering the treatment program.

This study examines the unique perspective of adult children who have previously experienced treatment as a part of their family unit to inform practice; to gain a greater understanding of how individuals, particularly children, experience these types of encounters, and how they can be improved from the adult-child perspective. In order to inform practice it is important to understand if the children had concerns that were unaddressed while operating as a part of the family unit. Providers, especially in mother and

child residential treatment, need to be concerned with how these experiences impact the children. Social workers can work with the families from an informed place and assist them in learning to achieve healthy balance and gain an understanding of healthy family roles.

Purpose of the Study

It is a tragedy when one looks at these statistics and realizes how many children are impacted each year by the substance abuse of one or both of their parents. This creates a dynamic where children are often faced with overcoming multiple barriers. Social workers need all systems to work together to ensure the children and families impacted by substance abuse are effectively served. In situations where these systems overlap, child welfare, substance use disorder treatment, courts, and educational institutions, the most effective model would include collaboration between these systems to ensure effective and holistic treatment (Eienbinder, 2010). Due to the fact that these families are interfacing with multiple agencies and systems it would be ideal if these agencies would serve these families collaboratively as a shared community concern in order to reduce the barriers that the families are facing (ACYF, 2009). It is important to realize that the abuse of substances within a family can have stark consequences for all family members, particularly children.

In order to work with this population effectively one needs to understand how these services impact families. Research indicates that families that

remain together in residential treatment episodes are more likely to remain drug free than parents who have to relinquish their children (Carson, 2006; Center for Substance Abuse Treatment, 2001; Connors et al., 2006; D'Arlach, Olsin, Jason, & Ferrari, 2006; Greenfield et al., 2007, Eienbinder, 2011). An integrated treatment program that includes a holistic approach to addressing behavioral health needs, as well as parenting concerns of the family unit can be an effective way of addressing multiple barriers experienced by these families. This study is designed to explore how the children involved in these types of services have been impacted in the short term as well as the long term. Now adults, the interviewees in this study can offer a perspective from a point of view that has not been studied before; as a child they have experienced the services first hand and can offer a perspective on how this has impacted their life. This is definitely a gap in the current literature available to our field at this time.

Significance of the Project for Social Work

Research is that there is very little data looking at substance abuse treatment from an adult child perspective. Adding this perspective to the currently available literature can only enhance the services that the field can offer this population. The adult child can offer a view into the treatment experience that cannot be offered from the parent or the treatment provider. Other literature reviewed indicates that these family treatment approaches can in fact have a positive impact on child development, growth and emotional and

behavioral functioning but can also contribute to breaking intergenerational cycles of addiction, potential child maltreatment and overall poor outcomes for children (Niccols et al., 2012; Children's Bureau, 2009). These are the kind of outcomes that service providers, particularly social workers, strive to achieve, but in order to achieve these kinds of results, it is important for the field to understand which models work and which models are not as effective. In addition, having an understanding of the impact these services have on the children in the families served is imperative if we are going to look to improve systems of care.

CHAPTER TWO

LITERATURE REVIEW

Introduction

There has been a great deal of research conducted on substance abuse in general. In addition, there has been significant research done on different treatment models that have been effective in treating substance abuse, specifically for mothers seeking treatment for the disease of addiction. The gap addressed in this research is that there has been very little research done from the illustrating how children experience residential treatment episodes with their mothers. How have their lives been impacted by these experiences?

Theoretical Framework

The theoretical framework that guided this study and will help to inform social work practice is family systems theory. In practice, social workers are very concerned with all social systems and the family system is a very important system to understand. This framework was chosen to illustrate the importance of this system and demonstrate how one piece of the system can have a profound effect on the other pieces of that system. In addition, equally important is how active substance use in a family impacts the family system.

Family Systems Theory

In looking at the components of family systems theory it has relevance when examining families who have been impacted by substance abuse as they will definitely have had disruptions to the family system. In addition, it becomes very difficult for a family reach homeostasis (balance) when there is so much dysfunction going on. It is important to understand when treating these families how other members of the system have to adjust in order maintain the balance around the active substance user. Often this imbalance results in acting out behaviors or doing whatever it takes to restore the family balance (Fisher & Harrison, 2013). In addition, it has been demonstrated in research that women in residential treatment rely on their children for substantial amounts of social support (Tracy & Martin, 2007). Using this theory, the social work field will be able to have a greater understanding of how these experiences impact the children who have been involved in treatment with their mothers.

The family as its own social system, is generally one that follows the same behavioral rules and assumptions that apply in systems theory, particularly as it relates to the sum of the whole being greater than its parts (Lessor & Pope, 2007). Another main component that should be considered is the idea that families organize themselves in a way that helps them to achieve the accomplishment of goals and to ensure that they are able to meet and overcome the challenges and duties that they face each day.

Health and Risk Factors

There are also multiple health factors that need to be considered when working with these families. According to the Center on Addiction and Substance Abuse there are multiple risk factors associated with parental substance abuse, such as prenatal exposure to tobacco, miscarriage, stillbirth, sudden infant death syndrome (SIDS), low birth weight and physical deformities, cognitive impairment, conduct disorders, depression and mental retardation. Another implication is that risk factors for families are significantly increased especially as it relates to family violence, divorce, financial problems and exposure to crime (Connors, Grant, Crone, & Whiteside-Mountain, 2006; Einbinder, 2010, CASA, 2005). The large majority of all investigated cases in the child welfare system are associated with maternal drug and alcohol abuse and the majority of these have experienced physical or sexual abuse by someone in the home(Grant et al., 2011; Ordersma, 2007; Connors, Grant, Crone, & Whiteside-Mountain, 2006; Velleman & Templeton, 2007; Einbinder, 2010). These can be insurmountable barriers to overcome for families with limited resources which is why it is important to look at effective strategies based on the real experiences of those who have been impacted by the services.

Effective Treatment Models

In order for mothers to access treatment for their substance abuse, they must consider options that can accommodate their children. Research shows

that if this barrier is not overcome then most mothers must defer their treatment due to being the primary caregiver for their children (Knight, Logan, & Simpson, 2001; Pujulo, Suchman, Kalland, & Mayes, 2006). Models which allow for the parent to enter treatment with their children and are targeted to address their gender specific needs have been shown to be effective as they are focused on the unique needs of women and children (Greenfield et al., 2007; Knight, Logan, & Simpson, 2001).

There has been a great deal of research conducted on effective treatment models from a parents perspective. However a review of the literature revealed that there has been very little information from a child's perspective, suggesting that further research is needed in this area (Connors, 2006; Einbinder, 2010).

The important consideration here is that research indicates that the adult is not the only one impacted by substance use in the family. Therefore, treating only an individual within a family unit has limited effectiveness and the family system must be factored into understanding how addiction progresses. One study also notes that these considerations need to be made when providers are hoping for long-term positive outcomes (Lander, Howsare, & Byrne, 2013). If social workers, working with families, focus on the family unit, then it would make sense to keep them together as a unit and provide services in unison. In order to do this with efficiency and effectiveness, it is important to

understand all aspects of this experience for the clients we serve, including the children.

Theory Informed Practice

In practice, social workers are very concerned with all social systems and the family system is a very important system to understand. Family systems theory is useful for illustrating the importance of this system and demonstrating how one piece of the system can have a profound effect on the other pieces involved in that system. Understanding how a particular family member experiences their involvement as a part of that family system and how that involvement influenced their life is critical in understanding how to address issues within the family. The interviewees in this study offer their perspective on how they were impacted as children by being a part of a residential treatment program with their mothers. They offer their opinion on whether it had a lasting impact on their lives. They were also able to offer insight as to whether they felt the experience had a lasting impact on their lives.

Family Systems Theory

Family systems theory is relevant when examining families who have been impacted by substance abuse, as they will definitely have disruptions to the family system. In addition, it is important to recognize how difficult it can be for a family to achieve homeostasis (balance) when there is so much

dysfunction. The relevance for social work and treating families through this lens is gaining the understanding of how the other members of the system have to adjust in order maintain the balance around the substance using parent. Social workers treating families impacted by substance use disorders need to be cognizant of this imbalance that is created as it will often present itself in acting out behaviors as the affected family member attempts to do whatever it takes to restore the family balance (Fisher & Harrison, 2013). Another treatment consideration should be that research has shown that women in residential treatment rely on their children for substantial amounts of social support (Tracy & Martin, 2007). Using this theory, the social work field will be able to have a greater understanding of how these experiences impact the children who have been involved in treatment with their mothers.

The family as its own social system, is generally one that follows the same behavioral rules and assumptions that apply in systems theory, particularly as it relates to the sum of the whole being greater than its parts (Lessor & Pope, 2007). As stated previously families tend to organize themselves in a way that helps them to achieve the accomplishment of goals and to ensure that they are able to meet and overcome the challenges and duties that they face each day. When this organization becomes disrupted then families are forced to adjust in order to accommodate for the disruption.

Attachment Theory

Another lens to view families who are impacted by substance abuse is through Attachment Theory. This is critical due to the disruption in the family structure that is caused by active substance use and the high likelihood of separation between family members at different points throughout their lives during active addiction. Healthy attachment for children is a vital component of the family relationship and plays an integral role in families and children in terms of child development and overall healthy relationship capacity and recovery (Center for Parenting and Research, 2006; Lander, Howsare, & Byrne, 2013; Lesser & Pope, 2007, p. 127). Relationships with children are particularly important for mothers who enter treatment and most often mothers who are seeking treatment are able to recognize that these relationships were a motivating factor for entering treatment (Tracy & Martin, 2007; Kissman & Torres, 2004; Office of Applied Studies, 2004; Einbinder, 2010). Interventions that help support the mother-child bond and reinforce attachment between a mother and a child can show positive correlation to positive outcomes related to parenting (Wong, 2008).

Child Welfare Issues

The other major issue to consider in these scenarios is the impact on the child welfare system and the focus on healthy family reunification. It is unfortunate that children who are in the home of a substance-using parent are more likely to be exposed to maltreatment (Children's Bureau, 2009). In order

to address these issues, parental substance abuse must be addressed. In addition, collaborative efforts between child welfare and treatment providers can prove to be very effective (Green, Rockhill, & Burrus, 2009). Therefore programs that allow for the family to remain together while addressing these issues can be ideal for the families seeking help and the systems that are in place within the child welfare system to support them. These issues also impact the children involved in these systems. The interviewees were able to offer their perspective on how they were impacted by these issues based on what they remember.

Summary

As the literature shows there has been a great deal of research done on effectiveness and outcomes for parents participating in mother and child residential treatment. Qualitative and quantitative studies have been conducted to show how adults are impacted by these services, yet a gap remains in understanding this issue from the child's perspective.

The questions this study has sought to answer is; what about the children? How did they experience treatment? What were their perceptions and motivators during and after being involved in a residential treatment experience with their mother? How has that experience influenced their life if at all? This qualitative analysis helps to capture an area that is understudied and will provide the unique perspective of young adults who have experienced

residential treatment as a cohort of their mother. These are the forgotten voices based on the literature.

CHAPTER THREE

METHODS

Introduction

It seems many researchers are interested in outcomes and experiences of adults participating in mother and child residential treatment for substance abuse but not that of the children. For the most part they seem to be the forgotten voice in this narrative and they are definitively representative of a gap in the research. This chapter is devoted to trying to fill some of those gaps. The pages to follow describe the design, sampling, data collection methods and procedures that were used in order to demonstrate the importance and need for this research.

Study Design

This study sought to explore the unique perspective of children of addicts who are now adults and they have previously experienced substance abuse residential treatment as a part of their family unit. Interviewing participants who are now adults was somewhat limiting as they had to rely on their memories but they were also able to add a level of insight that a child would not be able to access. This perspective will help to inform social work practice and help the field to gain a greater understanding of how individuals, particularly children experience these types of interventions and how can they be improved from the adult-child perspective. The insight that these young

adults offered was well rounded as they were able to provide their perspective on not only how they experienced treatment as a child but how that experience has impacted their lives over the long term.

In order to inform practice it will be important to understand if children have concerns that were unaddressed or unheard while operating as a part of the family unit. As providers, especially in mother and child residential treatment, practitioners should be concerned with how these experiences impact the children in order to avoid having the children become a forgotten piece of the family puzzle which can result in multi-generational dysfunction. Having the perspective of how children experience residential treatment programs designed to serve families can only enhance the service delivery system as they definitely add a unique perspective. Practitioners need to work with the families from an informed place and assist them in learning how to achieve healthy balance and gain or regain an understanding of healthy family roles.

A qualitative research study was designed to provide the unique perspective of young adults who have experienced at least one residential treatment episode with their mothers as children. The researcher evaluated the themes that emerged from the experiences of the adult children of addicts and alcoholics who have had treatment experiences with their mothers. This type of design was chosen in order to obtain the full richness and unique perspective of these children who are now adults, and how these experiences

may have influenced their lives. The study attempts to ascertain whether these types of experiences have had a positive or negative impact on children from their perspective and what can be done to enhance substance abuse services for families seeking treatment for their addiction.

Sampling

The study sample included 13 adult children of addicts who have experienced at least one residential substance abuse treatment episode with their mother, who was actively involved with residential substance abuse treatment. The data collection was facilitated by using a purposive sampling method, selecting a minimum of 10 participants as the sample size. The participants range in age from 18 to 31 years old and they are both male and female. The data was collected through face to face interviews using a semi-structured questionnaire. The questions were predetermined and designed to be open-ended and with probes for further elaboration for each area examined. Following the informed consent process, the interviews were recorded, ensuring that transparency of why the data was being collected and what the recordings will be used for was fully disclosed. The interviewer used caution to not direct or suggest any particular answer but tried to ensure that the participants shared their own full experience by asking further probing questions.

Data Collection and Instruments

The data that was collected consisted of the narratives of adult children who have gone through one or more treatment episodes with their mothers or caregivers. The interviews were conducted through face to face interviews, allowing for the natural progression of the narrative storytelling process to occur. The interviewer used a semi-structured questionnaire (Appendix A) allowing for additional areas to be explored as needed or desired.

The areas that were covered in the interviews directly related to the participants' experience while in residential treatment with their mothers. Based on how much they actually remembered the event, the interviewer then attempted to gain insight into their unique perspective; what worked, what did not work, how could have things been different and how could they be improved if their voices were able to be heard. The interviewer was focused on attempting to ascertain the overall impact these experiences have had on their lives, short and long term.

Procedures

The procedures used to collect the data through the use purposive sampling contributed to the overall feasibility of the study. The sample was composed of former treatment participants of one long term, residential mother and child residential treatment center. They were comprised of young adults ranging from 18 to 31 years old from various ethnic and socioeconomic background. The study was able to be conducted within the allowed time

frame as the availability of subjects was adequate based on the fact that the center serves approximately 100 hundred families per year. The cooperation of the proposed participants was evidenced by previous interactions with similar subjects and their willingness to share their experiences.

The support of the administration was obtained prior to beginning the study. There was access to participant information based on following the informed consent procedures. The use of the facility resources such as space, computer and printing access was not an issue. The potential barriers for participants such as transportation was addressed on a case by case basis, with every attempt being made to mitigate these types of barriers. The participants were reached through a flyer that was distributed to the alumni of the residential treatment facility. In addition, direct phone calls were made to potential subjects. Of the subjects contacted 90% agreed to participate in the study as they felt it was important work.

Protection of Human Subjects

The study did go through the rigorous review of the Social Work Sub-committee of Institutional Review Board process of the university and the agency involved to ensure that the highest ethical standards possible are adhered to in order to protect and respect the participants and the information that the participants share. The purpose and the overall interest in the data was completely transparent to the subjects. The researcher obtained a signed informed consent (Appendix B) from each participant involved in the study

ensuring that they understood all aspects of the study and what the data was to be used for. In addition all participants were afforded the opportunity to review the full transcription of their interviews before they were included as a part of the study. The data from the interviews was stored on digital recorders until they were completely transcribed. The recorders were secured in a locked cabinet in a secure and restricted area. Only those authorized to have access to the data were able to retrieve it.

Data Analysis

All of the participants participated in a face to face interview. These interviews were all recorded and then each interview was transcribed at the end of the interview process. These transcriptions and any other data collected through the semi-structured questionnaire was coded through a process of reviewing transcriptions and identifying similarities and themes that emerged. Once the data was separated by similarities and differences then the data was analyzed to determine if there were specific themes that emerged. These themes were then be refined and ultimately used to help to reveal the common perspective and motifs of these participants.

Summary

This study has proven to be necessary based on the current literature available. The process of using a qualitative research method allowed for gaining a firsthand perspective from adult children who have experienced

residential treatment with their mothers. Adding to the literature available on this topic these young adults have information that can benefit the service delivery system in the field of residential substance abuse treatment. Their opinions and experiences offer insight about how the services can be improved to meet the needs of everyone who is served in these settings, not just the adults.

CHAPTER FOUR

RESULTS

Introduction

It is important to understand how members of the family system are impacted by an active substance user in the home. The interviewees in this study offer a perspective that is important to consider when providing services to families who are impacted by substance abuse. A treatment consideration when serving these families is how their relationships are impacted as well as their growth and development throughout the family life cycle (Adelson, 2009).

Of the twenty participants who were originally contacted, thirteen agreed to participate in the study. Those who chose to participate demonstrated an expressed desire to have their voices be heard regarding their own personal experiences. The interviews were conducted with thirteen young adults ranging from 18-31 and there were 8 females and five males (Figure 1) and definite themes did emerge from the interviews. In this chapter the themes will be presented based the interviews that were conducted and the responses that were given during the interview process. The findings illustrate how these adult children perceived their experiences in residential treatment with their mothers and how they were impacted by the experience. It is important to add to the literature a perspective that has been almost entirely overlooked.

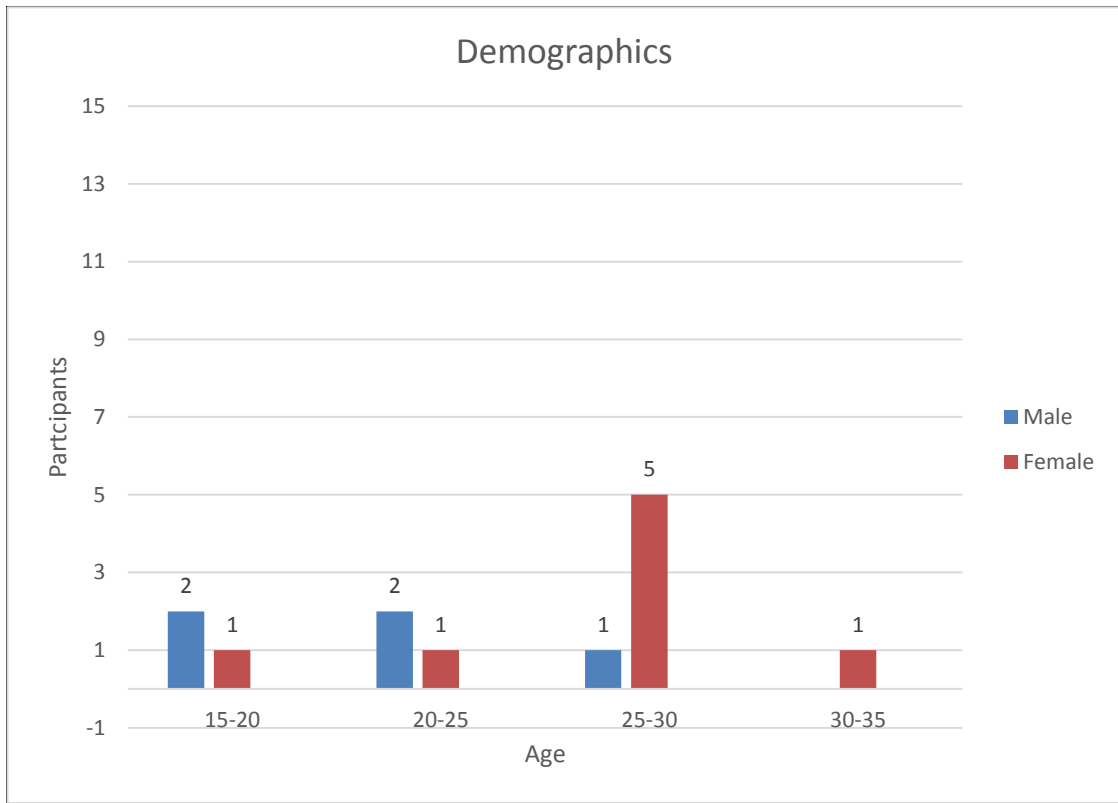


Figure 1. Demographics

Presentation of the Findings

Positive Aspects

Stability. Family rituals are the core of how individuals begin to develop socially, emotionally and individually. The formation of family rituals within the family system it's what begins to shape our values and aids in the development of our culture (Adelson, 2009). The interviewees reported that being in a supportive environment was very important aspect for them in regards to the stability or balance being established as one interviewee reported that his life got better after treatment. "I know what's going to happen tomorrow and I don't have to worry about where I'm going to sleep, that kind of

thing” (Interviewee 6, Survey Interview, January, 2015). This seemed to be of general concern to the interviewees as they described their experiences prior to entering treatment. Those experiences included chaotic environments, unpredictability, and a lack of understanding about things that were happening in their lives. An interviewee stated:

I just wanted my mom to get better, at that age you don't know exactly everything that is going on but you do know some things aren't right. In addition, he stated “I mean I am all for these programs, they're great support for mothers and children to be able to spend time together and not be on the streets. (Interviewee 3, Survey Interview, January 2015)

Others also spoke of the importance of having stability and predictability as to what was happening from day to day; knowing that their mom was getting better was their primary focus. One interviewee expressed feeling like the program had a positive impact on their lives in regards to minimizing the chaos they were living in. He stated:

I think it definitely had a positive impact because we were so used to living in chaos when my mom was using we lived in her car and in the streets and sometimes we even slept in the park so coming there was a really big change for us. (Interviewee 13, Survey Interview, January 2015)

Looking at these circumstances through the lens of family systems theory it is important to recognize how extremely valuable it is for a family to have stability and set rituals and routines that they can count on.

Community Support. This theme also highlights the desire to restore equilibrium to the family environment. The concept of having a community of people who were like a large family definitely emerged as a theme. The interviewees consistently reported the positive impact of having the community care for them. One interviewee stated: “I feel like I was always cared for and looked after by my mom and everyone else there; I was always cared for I didn’t feel ignored or forgotten” (Interviewee 1, Survey Interview, January 2015). Most everyone reported chaotic circumstances in their lives prior to entering treatment so having an abundance of support help them to stabilize seemed to be important and per reports the entire treatment community played a big part in that. This speaks to the lack of balance created within the family due to active substance use and how disruptive and unsettling it can be for the families impacted by this issue. Thus, having a large community of support to help restore stability seemed to help these families stabilize much quicker. Another interviewee stated:

It was like hanging out with huge family and friends, it was pretty cool”.

In regards to the stability one interviewee reported that his life got better because “I know what’s going to happen tomorrow and I don’t have to

worry about where I'm going to sleep, that kind of thing. (Interviewee 9, Survey Interview, January 2015)

The importance of structure was also highlighted as an important factor. Having lived in chaos for some time prior to entering treatment highlighted the desire to have some structure at that time in their lives. "Being around all of those people helped us learn how to follow rules and have a normal life" (Interviewee 13, Survey Interview, January 2015). The interviewees referenced the structure and stability in the program as being an integral part of helping them to begin to restore balance in their families. They described the rituals that began to formulate as they followed a structured schedule, did chores, followed rules and ate all of their meals together. This helped them to feel like a family again and gave them hope that things could get better.

Having Children with Their Mothers. Relationships with children are a motivating factor for mothers who are seeking treatment for addiction. The research indicates that children are instrumental in helping mothers not only engage in treatment but can also be a motivating factor for continued success (Tracy & Martin, 2007; Kissman & Torres, 2004; Office of Applied Studies; 2004; Einbinder; 2010). According to the participants in this study it is vital to have programs that offer the chance for mothers to remain with their children. The interviewees reported consistently that this is not only motivating for the mothers receiving treatment but it was also an important aspect for them as

children as they got to be with their mothers. The motivation factor for their mothers was very important to most interviewees. An interviewee reported

Yeah the reason she got clean was for me and my sister” and another stated “well I believe a mother being able to have her child with her while trying to become a better person was inspiring to want to do better for yourself and your child and I would say that’s a good thing.

(Interviewee 4, Survey Interview, January 2015)

In addition, most reported the importance of being able to bond with their mothers and not having to be separated as being very important for them and their mothers. One interviewee stated:

I just feel it’s a positive experience for everyone involved, I mean it gives moms structure and outlook, they get life skills and it’s a smoother transition for when they go out to the real world. I think it is very important to keep kids involved to keep communication open and relationships strong. (Interviewee 10, Survey Interview, January 2015)

Over and over again the interviewees reported that they felt that one of the most important aspects of the experience that they had was that their mothers were able to have their children with them. Most reported this to be a strong motivation for the mothers to succeed.

Having My Mom Back. The interviewees unequivocally talk about the importance of having their mothers back in their lives. As noted healthy attachment for children is a vital component of the family relationship and

plays an integral role in families and children in terms of child development and overall healthy relationship capacity and recovery (Center for Parenting and Research, 2006; Lander, Howsare, & Byrne, 2013; Lesser & Pope, 2007, p. 127). The feeling of having stability restored and balance in their lives regained or in some cases established for the first time was a tremendous milestone for all of the participants who were interviewed. The interviewees consistently reported that having their moms back as being the single most important factor about their experience. One interviewee stated:

Looking back on it, I'm so grateful to the center for helping her get sober. It gave me my mom back. At that young of an age you can't fathom what addiction is and how powerful it can be I just figured she didn't love me enough and that's why she left. (Interviewee 12, Survey Interview, January 2015)

This seemed to be a general theme experienced by all of the interviewees. The gratitude that they felt regarding having their moms back in their lives was of paramount importance and they could not get through the interview without weaving that in to almost of their responses. The overall positive feedback about being able to have their moms be role models to them and others and being able to establish a relationship with their moms was extremely desired by all interviewees.

Less Positive Aspects

Help Needed Later in Life. The research does indicate a strong correlation between parental substance abuse and an intergenerational process of transmission along with the concurrent social and emotional cost to the families who are impacted (Adelson, 2006). The interviewees did consistently report that it would have been helpful for them to have help or someone to talk to as they grew a little older. As per their report, when they were younger, issues did not really surface for them from what they could remember. In addition the huge influx of support they have while in this type of setting helps to diffuse issues that may arise. It is not until after they leave and have less distractions and support that the issues begin to surface per their recollection. One interviewee stated that she really did not start to have any issues come up until she was a teenager. She states: "I got older and the past kind of caught up with us and me and my mom started bumping heads a lot because I was kind of angry I guess" (Interviewee 7, Survey Interview, January 2015). This seemed to be a general concern for the young adults that were interviewed. As their memories served them their issues really did not seem to surface as much until they got a little older. Another interviewee stated: "I remember just being angry with her. The first visit I remember watching my sister run up to her and I just froze. I didn't trust her after she left me so many times" (Interviewee 12, Survey Interview, January, 2015). In discussion they noted that the relationship with their mothers was not rebuilt

quickly and that it took time to regain trust and reestablish bonds that had been broken due to parental substance abuse. All of the interviewees noted that having resources and additional support during their adolescent and young adult years would have been extremely helpful.

Increased Mommy and Me Time. Also highlighted as a theme is the need for programs like these to have more activities and groups that are designed for children to share with their mothers. The program structure is designed for mothers to be in groups while the children are in a community day care centers. About the centers, one interviewee stated: “At that young age all you really worry about is playing and having a good time but I do wish I had a little more interaction with my mom at that time” (Interviewee 10, Survey Interview, January 2015). Although interviewees highlight these centers as their most pronounced memory they consistently shared that more time with their mothers doing groups together would have been desirable. One interviewee spoke of the aspect he would have changed about the program was that he wanted to spend more time with his mom. “Being able to spend more time with my mom is an aspect I would’ve like to change” (Interviewee 5, Survey Interview, April 2015). In addition to lack of direct time with their mother there was significant reference to the fact that they may have been separated from their siblings which was highlighted as a stressor. One interviewee referenced it as being a traumatic for her stating: “I was separated from my

brother and sister and no one should have to do that. I didn't get to know my brother and sister" (Interviewee 5, Survey Interview, January 2015).

The structure of the program allows for only two children to reside with their mother at any given time and the children must be under the age of ten years old. This means that older sibling and families that have more than two children have to be separated from the family unit. This creates additional chaos to the family structure and may serve as a barrier to the restoration of homeostasis for the family unit.

Lasting Impact

Perspective on Personal Substance Use. The interviewees consistently reported that having this experience has had a long term impact on their personal beliefs regarding their own personal substance use. One interviewee spoke of peer pressure and how having the knowledge that she does keeps her from giving into that pressure. She states: "I'm more informed about things, I do not do that stuff and then people like why Not? I just look at them crazy like why would I" (Interviewee 1, Survey Interview, January 2015). The interviewees report that seeing what their mom and even other participants who were in the program went through helped them to be more clear about wanting to make different choice for their own lives. An interviewee spoke of this aspect stating: "Seeing my mom do all of that has made me stray so far from wanting to be around that same path; especially now that I have my own baby" (Interviewee 7, Survey Interview, January 2015). This was definitely an

important aspect for the young adults who shared their experiences as they all felt very strongly that this has had a lasting impact on their lives. One interviewee talked about the importance of not only his mom learning how to stay sober but he also learned those skills. He stated: “Well it gave my mom stability and it taught me what not to do in life and how to stay sober” (Interviewee 10, Survey Interview, January 2015). Once again highlighting the importance of not only having their moms back as being significant but also highlighting the importance of the life skills they have learned as well.

What They Want Others to Know

The Value of These Programs. When asked the question; what would you want others to know about these types of programs? There was a strong emphasis on ensuring people knew how important substance abuse services for mothers with children are. One interviewee stated:

I think it’s important for people to know how important it is for moms to be able to stay with their kids while they get treatment. I don’t know what my mom would have done if we couldn’t have been with her and I don’t know if she would’ve stayed clean. (Interviewee 13, Survey Interview, January 2015)

This was generally the feeling expressed by all interviewees as they felt strongly that treatment programs need to allow children to be with their mothers. In addition, the interviewees wanted others to know that people deserve a chance to seek recovery. One interviewee stated: “Being on drugs

and stuff doesn't define you your whole life because when you're ready for it, you're ready for it you can do a lot better, there's nothing ever stopping you" (Interviewee 1, Survey Interview, January 2015). They also felt it was important to know that these types of services work and they save lives. Another interviewee stated: "Programs like this do work and should be funded. Women battling addiction should have all the help they can get" (Interviewee 3, Survey Interview, April 2015).

Summary

All of these aspects working together contributed to the restoration of homeostasis within the family system as reported by the interviewees. The feeling of stability and having an influx of support contributed the overall feeling of wellbeing and recovery for these families. The fact that the children were able to remain with their mothers through the process was reported to be a very positive experience contributing to their overall recovery as a family (Figure1).

Overall the interviewees were eager to share their experiences and felt that it was important for other to hear what they have say. The experiences were varied but were mostly positive. In some cases the interviewees had difficulty remembering specific details however they were able to reference the impact that the experience had on their lives by correlating how their lives had changed post treatment. All interviewees felt strongly that offering services for mothers that include their children is imperative. These voices do have value

when looking at the contribution they can make to the literature regarding substance use programs for mothers with children.

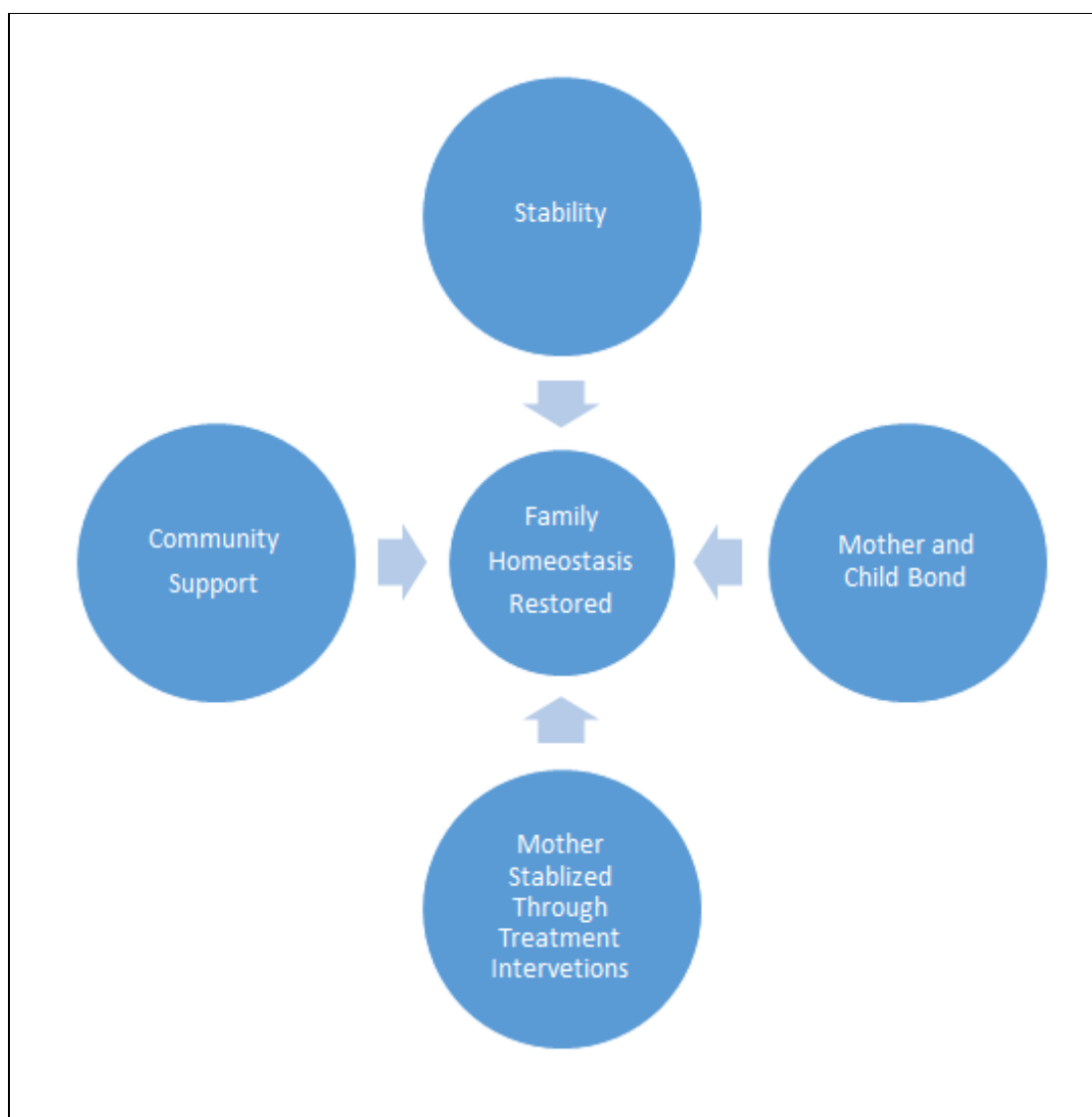


Figure 2. Homeostasis Restoration Process

CHAPTER FIVE

DISCUSSION

Introduction

This study was designed to focus on the perspective of adult children of drug addicted parents who sought treatment for their addictions. In this section the findings and limitations will be discussed based on the data collected throughout the study. In addition, recommendations for social work practice will be asserted as well as recommendations for future research to be conducted to address current gaps in the literature. The views of the adult children who participated in this study, as well as the current literature available will be presented as the basis for these recommendations.

Discussion

The family system can be very complex and relies on all of its members to operate together in unison in order to maintain balance. As discovered through interviewing the adult children in this study there was a general belief that the family is its own system and the sum of the whole is greater than its parts (Lesser and Pope, 2007). All of the adult children who were interviewed spoke of the importance of being together as a unit and how stabilizing that unit was critical in order for them to succeed in achieving long term recovery. They all felt very strongly that services for mothers should include family services.

The interviewees coming from different backgrounds, including age, race and gender were able to offer a unique perspective that has been understudied according to the research available in this area. In order to address the complex issues faced by families who are impacted by substance abuse, research indicates that innovative solutions such as mother and child residential treatment can be an effective solution (Connors, 2006; Einbinder, 2010). The adult children interviewed in this study felt strongly that these types of treatment programs are not only effective but should be made available for any mother who is seeking help for her addiction.

The interviewees unequivocally felt that the experiences they had in residential treatment with their mothers not only helped to rebuild their families but also help to shape the way that they see the world today as adults. They highlighted the importance of stability, structure and the feeling of community that is provided as a part of the residential treatment experience as being of vital importance for families experiencing disruptions that are caused by an active substance abusing parent. As stated in the literature families experiencing disruptions due to active substance abuse in the home may become involved in chaos and acting out behaviors trying to compensate for the dysfunction in an attempt to restore balance to the family system (Fisher & Harrison, 2013).

The interviewees shared their views about substance abuse and people who struggle with similar challenges and how their personal views were

shaped by their experience, citing that they feel more empathy for persons impacted by these struggles. They also highlighted their views about personal substance use and how their experience in treatment with their mothers educated them and served as a deterrent of sorts for them not to follow that same path. In addition, the adult children unanimously agreed that mothers need to be able to remain with their children when seeking treatment as this is a major motivator for the mother to be successful in her attempt to regain her life. As illustrated in the research mothers, generally the primary caregivers for children, often defer seeking treatment if they have to be separated from their (Knight, Logan, & Simpson, 2001; Pujulo, Suchman, Kalland, & Mayes, 2006). The interviewee also agreed as in previous research that treatment programs which allow for the parent to enter treatment with their children have been demonstrated to be effective as they are focus on the unique needs of women and children (Greenfield et al., 2007; Knight, Logan, & Simpson, 2001).

Limitations

The study did have limitations that need to be noted. The participants that were chosen were adult children of addicts who had to rely on their memories as children to provide their perspective. Their memories as children may not be fully accurate and per their own admission was limited in certain areas. In addition, all of the participants were from one treatment program and were children of program alumni, some of which are employees of the program which may have impacted the interviewee's opinions of the program.

All interviewees were extremely eager to share their perspective some of which may have been influenced by numerous factors, such as, wanting to please the administration due to their parent's employment status, wanting to please their parent, and possibly wanting to accommodate the researcher due to the researcher's position within the program. All of these factors were addressed during the informed consent process with each interviewee.

Recommendations for Social Work Practice, Policy and Research

The study did reveal based on current research and the results of this study that residential treatment for mothers with children can be an affective intervention when treating families impacted by substance abuse. The participants of this study were all strong proponents of this type of intervention siting that mothers need to have a place where they can seek help and be able to remain with their children in the process. All of the interviewees stated that the experience was life changing for their families and their gratitude exuded from each one of them.

The treatment considerations noted by interviewees in this study was to ensure that families in residential treatment are afforded more time together in services rather than in separate activities. It was recommended that there be mom mommy and me groups and activities. In addition, the interviewees felt strongly that all children need to be involved in the process and not be limited

to only having two of your children in treatment as this can be devastating to siblings who are forced to be separated from their family.

In terms of future research it will be important to continue to gain the perspective of all participants who are involved in residential treatment to ensure that the interventions that are used are effective and meet the needs of all of the family members. The perspective of the children is important and has historically been understudied. As demonstrated in this study the services that are delivered to these families in residential treatment do have a lasting impact on the children's lives and it is important to take note of how they are impacted, by examining what works well and what needs improvement.

Conclusions

Overall it was an honor to have been a part of such an inspirational journey as I interviewed these adult children. Each of them offering their unique experience and perspective. They were all very brave and were open to sharing such intimate and sometimes very painful times of their lives. They were each very courageous and motivated to ensure that people knew just how important these services can be for those seeking help for addiction problems. This study allowed their voices to be heard and was able to shed some light on what mattered to them as a part of their mother's experience.

APPENDIX A
INTERVIEW GUIDE

Interview Guide
Your Experience in Residential Treatment

Thank you for agreeing to be a part of this important process. Please do your best to remember and answer all of the questions as honestly as you can. If at any time you become uncomfortable with any question please let the researcher know and they will refrain from asking you that question until you feel comfortable or not at all.

As previously discussed this interview will be recorded; are you still comfortable with that?

Participant Code Number _____

Date _____

Age during Treatment Episode _____

Current Age _____

Length of Stay in Program _____

Mark: A – answered
N- Not comfortable
C- Cannot remember

1. Do you remember being in residential treatment with your mother?

2. What was that experience like?

3. Do you feel that it had a positive impact or negative impact on your life?

4. Do you feel your concerns or issues were addressed?

6. What could make these kinds of programs better if anything?

7. Do you feel that experience had a long-term impact on your life?

- If so: Was it positive or negative?

8. What was the most important aspect of the program that you can remember?

9. What was the most negative thing about being in the program that you can remember?

10. Is there anything else you think we should know about children being in residential treatment with their mothers?

Developed by April Wilson

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

Project Information

Project Title: Mother and Child Residential Treatment from an Adult Child Perspective “The Forgotten Voices”	Project Number:
Site IRB Number:	Sponsor:
Principal Investigator: April Wilson	Organization: Prototypes
Location: CSUSB	Phone: 909 315-9452
Other Investigators: None	Organization: N/A
Location: N/A	Phone: N/A

1. PURPOSE OF THIS RESEARCH STUDY

- The purpose of this study is to understand the perspective of adult children of addicts who have gone through residential mother and treatment with their mothers. We hope to find out what you think about the experience to help inform how care is provided in the future.

2. PROCEDURES

- You will be asked to participate in a 1-2 hour interview that will be focused on your experiences in residential treatment with your mother/caregiver.
- The interviews will be recorded and then transcribed after all interviews have been completed.
- Once your interview has been transcribed you may review it for accuracy and authenticity before it will actually be used in the study.

3. POSSIBLE RISKS OR DISCOMFORT

- There is small risk that some of the questions you will be asked may be somewhat uncomfortable for you to answer. If this were to occur the interviewer will refrain from asking that question until you feel comfortable answering if at all.

4. OWNERSHIP AND DOCUMENTATION OF SPECIMENS

- All recordings will be erased in your presence if you choose after transcriptions have been completed.
- The transcription will then be used to identify themes in order to ascertain the overall perspective of all the participants in the study. No identifying information will be used.

5. POSSIBLE BENEFITS

- This research is designed to help inform the field of social work and substance abuse treatment providers on the best practices as it relates to the children who accompany their mothers to treatment.

6. FINANCIAL CONSIDERATIONS

- There will be no financial compensation for this study.

7. CONFIDENTIALITY

- **Your identity in the study will be completely confidential. The results of the study, including all data, may be published for scientific purposes but will not give your name or include any identifiable references to you.**

- It is also important for you to understand that any records or data obtained as a result of your participation in this study may be inspected by CSUSB and Prototypes Institutional Review Board, or by the persons conducting or assisting with this study.
- Anyone involved in the project will be legally obligated to protect any information from public disclosure, except where disclosure is otherwise required by law or a court of competent jurisdiction. These records will be kept private in so far as permitted by law.
- As a reminder we will not be using any identifiable information throughout the entire process.

8. TERMINATION OF RESEARCH STUDY

You are free to choose whether or not to participate in this study. You will be provided with any significant new findings developed during the course of this study that may relate to or influence your willingness to continue participation. In the event you decide to discontinue your participation in the study,

- Please notify of your decision or follow this procedure April Wilson, 909 315 9452 so that your participation can be orderly terminated.

9. CONTACT: If you have any questions about the study, please feel free to contact April Wilson or Professor Cory Dennis, PhD at 909 537-3501. If you would like to obtain a copy of the group results of this study, please contact Pfau Library on CSUSB campus.

10. RESULTS: The results of the study will be made available to you upon request.

CONFIRMATION STATEMENT:

I have read and understand the consent document and agree to participate in your study and I am at least 18 years of age.

Acknowledgement:

Participant code: _____ Date: _____

Placing participant code on this line also indicates your acknowledgement and agreement to participate in the study.

APPENDIX C
DEBRIEFING STATEMENT

Mother and Child Residential Treatment from an Adult Child Perspective
“The Forgotten Voices”

A Research Study

Study of Decision-Making Processes
Debriefing Statement

This study you will be involved in will be designed to investigate the perspective of adult children of addicts who have experienced at least one residential treatment episode with their mothers in their youth. This perspective is unique as most studies that have been conducted have looked at how the parents experience treatment yet little research has been done to obtain how children feel about these experiences and how they have impacted the lives of the children.

Thank you for your participation as your perspective is very important. If you have any questions about the study, please feel free to contact April Wilson or Professor Cory Dennis, PhD at 909 537-3501. If you would like to obtain a copy of the group results of this study, please contact Professor Dennis at 909 537-3501 at the end of September of 2015.

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