Mothers with Substance Use Disorders

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ADS 730 Addiction Studies Research

Summer 2020

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Introduction

Across societies, approximately one third of people with substance use disorders (SUDs) are women of child-bearing age (Niccols et al., 2010). Yet, to this day, there is no integrated treatment in Iceland for mothers with children. In Iceland, children of women with severe SUDs are sometimes placed with foster parents while their mother is being treated. Many of these women do not have a (safe) home and after the treatment, some of them get a residence in a halfway house, but the child stays with the foster parents until the mother is stable enough to have her own home. The aim is that the mother will recover, find a housing, and finally reunite with her child, or children. This process takes time, often several months, sometimes years, and too often it is difficult to reunite mother and child for a variety of reasons.

The original idea of this literature review was to look specifically at sober living houses for women with children and view the outcome from integrated treatment in such houses for women in early recovery, who are pregnant and/or their children. However, despite intense search, I did not find studies that focused specifically on that area. Therefore, this literature reviews focus on studies about the relationship between mothers with SUDs and their children. The aim is to find out if integrating children in early recovery, with support, will benefit both the mother and the child.

This review is divided into four chapter. First, there is be a brief introduction to the special challenges that women with SUDs face and assessment of their needs. Subsequently, women with SUDs in Iceland are analyzed. In chapter two, the literature review starts with discussion about mothers with SUDs, particularly homeless mothers and mothers in prisons. Chapter three includes studies about experience of integrated services for mothers and children. Implications for practice and policy are presented in chapter four. Finally, the results are summarized.

1. Women with Substance Use Disorders

During the past several decades the treatment field for substance use disorders (SUDs) has acknowledged that women often develop and experience SUDs differently than men. Women frequently have to overcome feelings of guilt and shame for how they treated their children while abusing substances and many of them fear the loss of child custody (SAMHSA, 2009).

Pregnant women and women with children in early recovery often have impaired relationship with their children. In addition, trauma is very common among women who suffer from this disorder, often perpetrated by someone they know and trust (Najavits, 2009). Compared to men, women with SUDs have very high rates of sexual and physical abuse, they have more significant dysfunction in their family of origin and are more likely to have parents who are addicted. This ratio is even higher among women who have been incarcerated (Harner & Burgess, 2011). According to Browne et. al. (1999) more than 94% of women incarcerated in a state prison reported some form of victimization prior to incarceration. About two third, or 60%, reported childhood sexual abuse (Browne et al., 1999) and 80% of women entering a correctional facility reported a lifetime history of addiction (Harner & Burgess, 2011). In addition, women are more likely than men to be poor, they have fewer job opportunities and chances are high that they have been victimized as adults. Women are frequently involved in multiple systems, each of which has various requirements for them to meet, such as child welfare and criminal justice (Berger & Grant-Savela, 2015). All these facts are important and define the dynamic in the treatment process.

Women often define themselves through their social relationships and obligations to others (Salter & Breckenridge, 2014). The treatment system, however, is often based on male models of care and tends to focus on individuality and responsibility. Covington and Bloom (2007) state that service providers need to focus on women's strengths and recognize that a woman

cannot be treated successfully in isolation from her social support network (Covington & Bloom, 2007).

To examine the effectiveness of substance abuse treatment programming for women Ashley et al. (2003) reviewed thirty-eight studies that focus on women's specific issues. The results showed positive associations between six components and treatment completion, length of stay, decreased use of substances, reduced mental health symptoms, improved birth outcomes, employment, self-reported health status, and HIV risk reduction. The six categories identified effective were: childcare, prenatal care, women-only programs, supplemental services and workshops that address women-focused topics, mental health programming, and comprehensive programming (Ashley et al., 2003).

In a review of treatment outcome in women with SUDs evidence suggests that women are less likely, over the lifetime, to enter treatment compared to men, but once in treatment, however, gender is not a significant predictor of treatment retention, completion, or outcome (Greenfield et al., 2007). Results from a study of 280 articles, showed that 90% of articles investigating gender differences were published since 1990, and of those, over 40% were published since the year 2000. Only 11.8% of these studies were randomized clinical trials (Greenfield et al., 2007).

1.1 Icelandic Women with Substance Use Disorders

It is estimated that about 1000 children in Iceland had parent who were admitted to SAA, Vogur detoxification Hospital, for treatment in 2018. From 1977-2018, 7.635 women have been admitted to Vogur detoxification Hospital for 23.126 times, or 4,6% of women in Iceland who are 15 years and older. The average age is 39 years and the proportion of women in treatment is about 30%. About 48% of the women who seek treatment at Vogur detoxification Hospital are only admitted once (Tyrfingsson, 2018).

However, approximately 77% of the women need to seek treatment 1-3 times and 4,2% have been admitted 10 times or more to Vogur detoxification Hospital (Tyrfingsson, 2018).

Figure 3. The number of women who have been admitted 10 times or more to Vogur Hospital

In general, women in Iceland use more sedatives and less cannabis than men, they use stimulants equally to men, but women use stimulants more often intravenously, especially methylphenidate (Ritalin). The most common stimulant drugs used in Iceland today are amphetamine, cocaine, methylphenidate (Ritalin) and MDMA. About 27% of the women admitted to Vogur detoxification Hospital are IV users and the vast majority use stimulant drugs, or about 90% (Tyrfingsson, 2018).

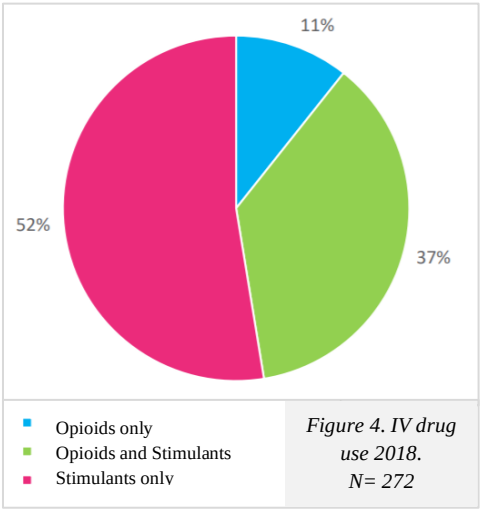

Figure 4. IV drug use 2018. N= 272

It is common for women in Iceland who use stimulants to use other drugs simultaneously. The substances most used with stimulants are sedatives, cannabis, and strong analgesics or opioids. Most of these women are also diagnosed with alcohol use disorder and many of them are opiate addicts (Tyrfingsson, 2018).

Compared to Icelandic men, mental and physical complications are more common in women, particularly anxiety and PTSD. Depression is also more common, and these women have more often than men been victims of sexual abuse and other physical and mental violence. Many of these women are financially disadvantaged, are homeless, and do not have custody of their children. Most of the women have a long history of mental health treatment, primarily

for SUDs, but many have also received help for depression, anxiety, eating disorder, PTSD and more (Tyrfingsson, 2018).

2. Mothers with Substance Use Disorders

Motherhood occurs in diverse contexts. Nevertheless, some mothers are socially valued as mothers and others are not. Substance use disorder can be a devastating factor in a mother's life. Mothers with substance use disorders are often characterized as "bad" and are perceived as irresponsible or neglectful. (SAMHSA, 2009).

Brownstein-Evans (2004) conducted a qualitative research study with women in substance abuse recovery programs. She documented how substance-using mothers cared for their children while using substances, seeking treatment, and undergoing recovery. Her findings reveal how recovering mothers maintained their mothering, cared for their children and shared or delegated caregiving as needed (Brownstein-Evans, 2004).

Women are more stigmatized by alcohol and substance use than men and mothers often fear that admitting to a substance use problem will cause them to lose custody of their children (SAMHSA, 2009). Canfield et al. (2017) reviewed the literature on variables associated with why mothers who use substances suffer the loss of their children. Thirteen studies were reviewed, and findings included low socioeconomic status, young age of first child, criminal justice involvement, mental health co-morbidity, adverse childhood experiences, patterns of substance use and lack of social support. Conclusions showed that problems related to substance use among mothers is not an isolated problem in their lives. Financial status increases the risk of child maltreatment and many mothers have multiple and complex needs including co-occurring mental health problems. Studies reported series of stressful events

faced in life by substance use mothers who had their children taken from them, including adverse childhood experiences and domestic violence (Canfield et al., 2017). Another longitudinal study conducted by Harp and Oser (2018) among 339 African American mothers indicated that African American mothers with substance abuse problems are at significant risk for child custody loss, arrest, and incarceration. Custody loss predicted increased drug use, and informal loss predicted increased criminal involvement, potentially reducing their likelihood of regaining or retaining custody of their children (Harp & Oser, 2018).

Using a systematic search, Seay (2015) examined how many families in child welfare services are affected by parental substance use disorders. Her results showed a wide range of prevalence rates, from 3.9% to 79%, with regional prevalence estimates being higher than national estimates. A key finding of her analysis is that parental substance use disorder prevalence rates are based on outdated data that may no longer be representative of current trends. There is a need for improvements to ensure that child welfare and substance abuse treatment systems are adequately responding to children and families with substance use disorders (Seay, 2015).

Substance abuse treatment providers may not fully understand the needs and the types of interventions most conducive to supporting women in recovery (SAMHSA, 2009). In a recent English study on recurrence in care proceedings, findings showed that a sizeable percentage of women return to treatment because their problems are repeated rather than resolved (Broadhurst et al., 2015).

2.1 Homeless mothers

It has long been recognized that alcohol and other substance use may be an important risk factor for homelessness for women with children, since it may interfere with a mothers

capacity to compete for scarce resources such as housing, employment, or services (Robertson, 1991).

Zlotnick et al. (2003) used an existing longitudinal data set, consisting of a sample of 104 homeless women who had children under 18 years old, to examine whether homeless mothers with substance use problems were more likely to experience separations from their children and whether recent substance use had an impact on the family's ability to receive public entitlement. Mothers who had been separated from their children were more likely to have a substance use disorder and according to their study, only 29% of the women had all their children with them throughout the 15-month study period. It is noteworthy that mothers who lived with all of their children were more likely to exit homelessness faster than mothers who did not (Zlotnick et al., 2003).

In 2006, Cone conducted a PhD study about the experience of homelessness from the perspective of formerly homeless mothers. The sample included 18 English-speaking women at least 18 years old and 12 first-hand stories from the literature. According to her findings, becoming homeless was a result of disconnection from various types of support and to resolve homelessness these mothers needed to be reconnected into the society. Her conclusions showed that social interactions can influence the overall experience of homelessness and the ability of homeless mothers to overcome their situation, suggest that building a social network must be included in the plan for overcoming homelessness (Cone, 2006).

The end of a relationship for women often means a lower standard of living, particularly for low-income women. Responsibility for children adds to mothers' financial burden and a divorce may lead to homelessness. Those are among findings in the book, A Roof Over My Head, based on interviews with homeless women, interviews with housed people, and, evaluations of shelter services, philosophies, and policies by Williams (Williams, 2016). Women who become homeless as a result of intersecting factors, including battering, poverty,

and low-income housing shortages, are most likely to gain financial security when services are individualized. Homeless mothers and their children would therefore benefit most from a services targeted to their specific needs (Williams, 2016).

2.2 Mothers in prison

Women are more likely than males to be sentenced for drug offenses (SAMHSA, 2009). In the decade 1990-2000 the number of women under criminal justice supervision increased dramatically in the US; from approximately 600,000 to more than a million. Nearly two-thirds of these women were serving sentences for nonviolent offenses and were incarcerated for property and drug offenses. However, few of these women pose a risk to public safety and the majority have children; in 1999 it was estimated that 126,000 children in the US had a mother in prison (Covington & Bloom, 2000).

Feminist scholars have argued that theorizing, empirical study, and programmatic intervention related to incarceration and reentry to the society have been based on a male model that ignores the circumstances of women offenders in the criminal justice system (Covington & Bloom, 2000).

The effects of imprisonment on women and their children have been discussed in the literature, especially by the two scholars, Bloom and Covington. As far back as 1993, Bloom wrote a compassionate book, Why punish the children? about women in the criminal justice system and their children. This book is not an objective report of a controlled research project, but using a systematic search, Bloom describes in detail the criminal justice process, from arrest to release, from the perspective of women. The author points out the need for improvements to ensure that child welfare and substance abuse treatment systems are adequately responding to the needs of children and families with substance use disorders. (Bloom, 1993).

Separation from children is considered to be among the most damaging aspects of imprisonment for women. Sometimes the only source of hope and motivation for a release to the society is the relationship with their children. Women fear about the well-being of their children and the anxiety becomes more because of a lack of contact. According to Covington (2000), women in prison are at high risk of losing their children and therefore, there is a great need for a community-based wraparound services that focus on support for parenting, safe housing, and a family wage level, that is, a holistic and culturally sensitive plan for each woman that draws on a coordinated range of services within her community. (Covington & Bloom, 2000).

It is important to evaluate the gendered effects of public policies that criminalize substance abuse, which results in the overrepresentation of women in U.S. Covington (2007) grounds her ideas about specific treatment curricula on relational theory. She recognizes the centrality of women's roles as mothers and suggests an opportunity for criminal justice, medical, mental health, legal, and social service agencies to include this role as an integral part of program and treatment interventions for women (Covington, 2007)

Arditti and Few-Demo (2006) conducted eighty-min interviews with 28 women probationers who had at least one minor child and had undergone incarceration at least two months prior to release. According to their study, reentering the community after a period of incarceration and re-establishing relationships with children is difficult. Ferraro and Moe (2016) examined the relationships between mothering, crime, and incarceration through the narratives of thirty women incarcerated in a southwestern county jail. Their findings showed similar results. To be a good mother, according to social expectations and personal desires, depends ultimately on access to the resources of time, money, health, and social support. The responsibilities of childcare, combined with the burdens of financial obligations and domestic violence, led some women to choose crimes or drug dealing as an alternative to hunger and homelessness.

The majority, or 80% of the women interviewed, had substance use disorder and had lost custody of their children because of their addictions. Many women in the study related their offenses to the psychological pain and despair resulting from this loss (J. Arditti & Few-Demo, 2006).

3. Integrated service

Many mothers in need of treatment are involved in multiple social service systems. The co-occurrence of a substance use disorder and involvement in the child welfare system ranges from 50-80% and collaboration is challenging. In addition, mothers often fear legal consequences, like prosecution and/or incarceration if they seek treatment during pregnancy, losing custody of their children or losing public assistance support (SAMHSA, 2009).

Substance abuse among mothers is the most common factor involved when children come to the attention of the child welfare system (Suchman et al., 2006). This has long been known and in 1993 and 1995, the federal government awarded 27 five-year grants that supported 35 residential treatment projects for substance-abusing pregnant and postpartum women and their children. Preliminary findings indicated that comprehensive residential treatment in which children lived with their mothers is a promising approach (Clark HW, 2001). SafePort is another residential substance abuse treatment program within public housing which provides drug treatment to parenting women. This model revealed that women who participated with their children are more likely to remain drug free than are those who participated without their children (Metsch et al., 2001).

Conners et al. (2006) studied the treatment outcomes of 305 women enrolled in a comprehensive, residential substance abuse treatment program for pregnant and parenting

women and their children. The women were assessed at intake and three times in the year after discharge. Comparisons of the women functioning before and after treatment suggest significant improvements in a number of domains, including substance use, employment, legal involvement, mental health, parenting attitudes, and risky behaviors. The authors stated that for most outcome domains, results suggest that longer treatment stays are associated with more positive outcomes.

A growing body of evidence supports the relevance of integrated treatment and positive outcomes are benefitting both for mothers and children (Sword et al., 2009). Milligan et al. (2010) conducted a synthesis and meta-analysis in this area of treatment and compiled a database of 21 studies (2 randomized trials, 9 quasi-experimental studies, 10 cohort studies) of integrated programs published between 1990 and 2007. Their findings suggest that integrated programs are effective in reducing maternal substance use (Milligan et al., 2010). Moreland and McRae-Clark (2018) conducted another systematic review and identified 18 studies that specifically evaluated parenting outcomes following engagement in parenting interventions embedded in integrated substance use treatment programs. In qualitative interviews with parents they reported re-integration with children as being a primary stressor during and following integrated substance use treatment. The overall results indicated a reduction in use and results demonstrated improved parent-child interactions in the five studies that observed interactions following engagement in parenting interventions (Moreland & McRae-Clark, 2018).

Clear recommendations have been made by policymakers, clinicians, and researchers for women-specific, comprehensive, integrated treatment models conducted in centralized settings for women and their children (Moreland & McRae-Clark, 2018). However, few treatment programs allow mothers to have their children with them, and outpatient programs often do not provide services for children or childcare (SAMHSA, 2009).

3.1 Breaking the Cycle

Women do not stop being mothers while using substances. Women with SUDs are very concerned about the well-being of their children, just like other women, even though they may not be able to demonstrate it in their day-to-day life (Berger & Grant-Savela, 2015).

In 2007, Niccols et al. (2010) conducted a national survey in Canada and results showed that approximately one half of the program managers reported providing some type of pregnancy-, parenting-, or child-related services. However, the majority of service provided were external referrals, not integrated in the treatment settings (Niccols et al., 2010).

In 2016, Espinet et al. conducted a study in Toronto, Canada, which compared a relationship-focused intervention offered through an early intervention program for pregnant and parenting women and their young children called "Breaking the Cycle", to a standard integrated treatment. The key question of interest was whether a relationship-focused intervention would produce greater improvements in addiction, relationship capacity, and mental health for mothers who have often experienced past trauma and poor attachments since childhood. The authors found out that both treatment interventions successfully supported the mothers in recovering from their addictions, but based on the number of women who were able to achieve high levels of self-efficacy, "Breaking the Cycle" was particularly supportive in fostering maternal confidence to resist temptations to use substances in the future (Espinet et al., 2016).

Andrews et al. (2018) conducted another study on service use at "Breaking the Cycle", retrospective analyses of 160 families' service records and client charts. The objectives were to describe women's use of service, examine how early engagement of pregnant women related to postnatal service use, and finally, to examine the circumstances in which women ended their service relationship with "Breaking the Cycle". The authors examined especially

circumstances at service ending relating to women's service goals; custody status with children, substance-use, parent-child relationship, and child development outcomes. Findings showed that early engagement was associated with greater service use, and greater service use was associated with more positive circumstances upon ending service. According to the authors, integrating positive relationships at all levels is critical to support vulnerable families with complex needs (Andrews et al., 2018).

3.2 Sober living houses

According to Polcin (2009) individuals who are homeless face constant threats to their sobriety and often lack the stability necessary to attend treatment consistently. Outpatient programs should therefore consider establishing sober living houses for individuals who lack a living environment supportive of sobriety (Polcin, 2009). Many studies indicate that providing sober living house to homeless people with SUDs after treatment is an efficacious, effective, and practical intervention. As its name suggests, sober living house is an alcohol and drug free living environment for individuals attempting to abstain from alcohol and drug use.

Studies show that finding a stable living environment after treatment, that supports sustained recovery, is a major challenge for many people. Residence of sober living houses emphasize characteristics of the environment as important factors influencing motivation. According to Pulcin and Korcha (2015) interactions among people in recovery offer unique opportunities for feeling understood, recognizing vulnerability in others, identifying with the recovery processes of others, receiving supportive confrontation, and engaging in mutual responsibility. These experiences are important factors of motivation that become activated by participating in the sober house environment and are difficult to replicate outside of that context. (Polcin & Korcha, 2015).

There are several sober living houses for mothers and their children who offer continued support after treatment. The service that these houses offer is diverse, but they all focus on transition into the community and support system for both women and children, often while they attend an outpatient program. Some provide support for pregnant women and mothers who are reunifying with their children. However, more research is needed to assess if it has positive effect on relationship and early recovery for mothers and children to life together in such houses.

4. Implications for practice and policy

Motivation and relationships with others are important to sustain recovery over time. Women value relationships and connectedness. They approach life within interpersonal contexts. Therefore, approaches to service delivery that are based on ongoing relationships, and work within women's existing support systems are especially congruent with women needs (Covington & Bloom, 2000).

The detoxification hospital Vogur and treatment facilities at SAA in Iceland is divided by gender, on all levels. For a treatment center to be gender-appropriate it means to be more complex and flexible, especially if children are present in the treatment process. Children, family members and others who are important in the women's life may be very involved and some receive special psychological service themselves. It is also important to address parenting in the context of treatment. SAA provides outpatient psychological service for children of parents with SUDs, from 8-18 years of age. However, they don't provide any pregnancy-, parenting-, or child-related services, for children under 8 years.

There is only one sober living house in Iceland, or Dyngjan halfway house, with room for 14 women. Children cannot live in the house, but they are welcome to visit their mothers. Konukot is an emergency shelter for homeless women. Approximately 100 women sleep there on yearly basis. Unfortunately, there is no information about the number of children related to these women. These results indicate a huge gap in services in Iceland.

The rate of women with SUDs is increasing and they have a unique risk factors and needs, which include their role as mothers (Milligan et al., 2010). The suggestion presented here is to implement a sober living house for mothers and their children. The women will get assistant caring for and reconnecting with their children and if the women have custody over their children, the children will indeed live in the home with their mother. The house will be tailored to support those approximately 5% of women admitted at SAA who needs more than ten treatments. Despite of repeated efforts, this group has been struggling to recover. It is therefore likely that these women need more help – and perhaps a different approach – from what they have received so far.

For many, the combination of recovery housing with evidenced-based outpatient treatment is an effective model of care. Given the critical importance of stable housing and community supports to attaining recovery, it is important to ensure that residents in sober living houses are afforded high quality, evidence-based care. SAMHASA has published a document which is intended to serve as a guidance tool for states, governing bodies, treatment providers, recovery house operators, and other interested stakeholders to improve the health of their citizens related to substance use issues. The guidelines from SAMHSA's are part of these implementations (SAMHSA, 2019).

Conclusions

In 2005, Arditti wrote a review about the context of parental incarceration and its impact on families and children. He gave particular attention to the marginalization resulting from a family member's imprisonment, loss, and the experience of family visiting in corrections settings. Parental and child separation is discussed as well as "social death", which the incarceration represents. According to Arditti, the social death feels final, but the loss cannot be publicly acknowledged because the person is still biologically alive. The results for the child include traumatic separation, parental loss, poor academic performance, alcohol and drug abuse, involvement in the criminal justice system, and family dissolution (J. A. Arditti, 2005).

Treatment service often does not consider the interrelationship of gender, trauma and mental illness. The organizational style has tended to focus on top-down relationship where the addiction counselor is the expert and the women is broken and needs to be fixed. There is emerging evidence regarding the effectiveness of integrating pregnancy, parenting, and child development services with addiction services. There has been awakening in this area but unfortunately, despite strong evidence, there are not many agencies that provide integrated services for women and their children.

This review of literature confirms that many mothers with SUDs lack necessary support for their sobriety. Some of them are chronically homeless, socially marginalized, poor and their children are often their only motivation in their journey to recovery. Unfortunately, these mothers are given few opportunities to reunite with their children. We also know that effects of mother-child separation cause great harm to their children. Lack of support can trigger a vicious cycle of addiction and poverty that is passed down from generation to generation.

Having a home is a universal human need. Studies have shown that providing housing with support is cost effective compared to other societal costs of SUDs and homelessness, such as emergency room visits, hospitalizations and incarceration. The personal benefit for a mother and child to break the cycle of crime, reunite with family, and end homelessness caused by addiction is priceless.

Findings supports the need for the development of comprehensive services for women and their children. However, further research is needed to more clearly determine if having children living with their mothers in sober living house in early recovery, with support, would benefit both the mother and the child.

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