REUNITING WOMEN WITH CHILDREN DURING TREATMENT

THE CENIKOR FAMILY REUNION PROGRAM

Cenikor is a long-term residential treatment program for individuals with substance abuse and related issues. The Family Reunion Program was designed to strengthen success with a specific population, substance abusing mothers, that tends to have extensive histories with social services, family courts, and the criminal justice system. The treatment motivations, barriers to treatment, and issues surrounding program retention specific to this population are explored below. A summary of participant achievements in the Family Reunion Program concludes this research brief. OMNI Research and Training, Inc., an independent research organization contracted to evaluate the Family Reunion Program, developed this brief based on in-depth interviews conducted with program participants between fall 1997 and spring 2000.

CENIKOR FAMILY REUNION PARTICIPANTS

The personal histories of Family Reunion participants are marked by chronic health issues, long-term substance abuse, and drug-related offenses and associated criminal activity. Families and spouses/partners often played a contributing role in women's substance abuse: drug use tended to be initiated through one of these sources or linked to experiences of abuse within the family or by a partner. For the most part, participants' children had been exposed to substance abuse during pregnancy. Children were often left with family members or friends for several days at a time or had been placed in the care of a surrogate family altogether. Many also had been exposed to drug environments of violence and criminal activity.

Participants' Self Observations

- "I have been around it my entire life. I've seen the ups and downs and what drugs can do to you, and I know about the denial, and … all that stuff…."
- "[Drug use] makes me feel terrible about myself. I mean, I feel like I have no self-worth, no self-dignity, no self-respect…any of it."
- "I have never been there for my daughter. Since she was 4 months, I've been gone. In and out of jail, back and forth in my [drug use]…."
- "Well, his father got sent to prison for selling, he seen all that. And then he seen people coming in and out. He'd say 'Mom, I don't want you doing that stuff.' And, I hurted him a lot just trying to get rid of him for a while."

TREATMENT MOTIVATION

Decisions to Seek Treatment

Most women reported that it was repeated encounters with the criminal justice system and the loss, or impending loss, of child custody that eventually led them to seek treatment. Thus, it was the accumulative effect of legal and social sanctions that influenced women's decisions to seek treatment. For many women, Cenikor represented their "last chance" to avoid a long prison sentence or permanent loss of child custody. A number of women also felt it was their final attempt at self-preservation, believing that death would be imminent upon returning to street life.

Although a sense of desperation motivated women to seek treatment, participants described their decision to enter the program as a conscious and deliberate choice. For example, women explained that they entered the program to "get my family back," emphasizing the role of their own decision-making in seeking treatment over that of the family courts or the threat of imprisonment. Despite the apparent limited alternatives that these women faced, the assertion of choice seemed a vital way for women to communicate and internalize treatment readiness.

Women's Hopes for Treatment

Upon entering the Family Reunion Program, most women expressed a deep desire to change life patterns. In particular, participants expressed longing to show their children and families their "real" or "better side." At intake, many women were struggling with how to define themselves as acceptable mothers and as individuals worthy of happiness. For participants, recovery was intrinsically linked to other goals of emotional well-being, self-knowledge, economic independence and self-reliance. The opportunity to be a better parent to their children, however, was by far and away the strongest motivation that women expressed for recovery.

Participants' Self Observations

- "It was an effort to get high, and I was either high or sleeping. That's all I was doing, and I was moving from motel to motel to motel, and some nights not even having a place to sleep. And, I just couldn't take it anymore."
- "Mostly, I came to this program wanting to find myself, to find out who I am."
- "There was a time when I was using when I didn't remember the last time I had fed them. I just want to be more of a mother to them."
- "I'm looking forward to the point…to where he will come here to live and be with me, and we can get to know each other for real."

TREATMENT BARRIERS

Separation from Family and Children

The primary treatment barrier that women identified was separation from children, families and partners. Many women entering the program indicated that treatment would not have been an option if their children were unable to reside with them. Typically, these women did not have family or friends they felt could care for their children. Thus, entering most treatment programs meant placing their children in foster care. This was a choice the majority of women said they would not make.

Although women were relieved not to have to make this choice, the three to six-month waiting period before children could be transitioned into Cenikor still proved difficult. [1] As women sobered, the numbness they described sometimes feeling towards family and children was replaced by grief and an apprehension about their ability to rebuild these relationships. Limited contact with family and children tended to peak these feelings. Analysis of the interviews with women who terminated the program prior to reunification often indicated that these women, in particular, were struggling with such issues. Women with children too old to

[1] Individual adjustment to the program, women's own decision-making about bringing children into the program, and legal cases cause this length of time to vary.

participate in the program may have had an even more difficult time with the limited contact permitted early on in the program. All these findings further underscore the importance of family reunification in overcoming treatment barriers for this population.

Residential Treatment

Other treatment barriers included guilt about bringing children into the program and "putting them through another ordeal," in addition to the negative beliefs that participants often held about other women. A number were concerned about maintaining normality for their children. This seemed particularly true of women with older children or children already placed in a stable living environment. These women tended to fear their children's boredom and rejection. The choice between separation from children or failing (yet again) at parenting presented obstacles to continuing treatment, even if not continuing meant custody loss. Living with other women also proved difficult for many. Community living meant that participants' behavior was constantly monitored by other women. This particularly proved challenging for those who tended to dislike women in authority positions or attributed stereotypes to women's behavior. Often, interviewees attributed personal difficulties to the "vindictiveness" of other women.

FACTORS IN PROGRAM SATISFACTION AND RETENTION

As previously elaborated, the opportunity to live with children during treatment was an important motivation for women. Decisions to continue treatment were often attributed to children, regardless of whether children resided in the facility with them or not. Other factors that women identified promoting program satisfaction and retention are highlighted below:

- providing a safe and therapeutic environment in which children can grow, attending school and family events in addition to working on behavioral and emotional issues;
- helping new participants envision how to take necessary steps by allowing them to observe and interact with members more advanced in the program or staff that have overcome addiction themselves;
- providing legal advocacy that offers public testimony to women's progress, thereby, creating an important source of pride;
- supporting the development of new parenting skills by encouraging mothers to problem-solve together and share parenting responsibilities; and,
- giving women responsibility and opportunities for skill development – this provides a source of work satisfaction, self-reliance, and diversion from treatment challenges.

ACHIEVEMENTS OF FAMILY REUNION MOTHERS BY LENGTH OF STAY

Interview Interval	Health	Parenting	Education/Work
shortly after intake	• improved appearance • better memory and concentration • improved emotional management • weight gain		
3 months	• reversing health problems • recognizing effects of substance use and positives of sobriety • building self-esteem • taking pride in self-progress • growing determination	• some bonding with children and reunification occurring • learning from parenting classes • learning by observing older members with their children	• attending GED classes • building interest in pursuing more advanced education • juggling many responsibilities • increasing responsibility is a source of accomplishment
6 months	• sense of accomplishment • sense of purpose, direction • feeling strong physically and emotionally • understanding substance abuse triggers • learning patience	• building new relationships with children and learning how to be more active in children's lives • seeing self as better parent • applying classes to interactions with children • problem-solving with other mothers	• making progress towards GED • having learned specific skills from responsibilities such as supervision, prioritization, and time management • growing confidence in ability to juggle different responsibilities • greater self-accountability
1 year	• strong determination, self-esteem • having overcome many fears • learning new technical skills • discovering sources of strength • beginning to focus on sustaining change	• addressing the consequences of substance abuse for children • working on consistency in relationships with children and appropriate discipline • improvements in children's behavior and well-being	• earned GED • attending or graduating more advance course work • working in industrial fields • focusing on skill growth, increasing hourly wage, and job advancement

Note: The point of graduation is not included, due to the small numbers of graduated at the time of reporting.