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Eastern Kentucky University

Substance Abuse: The Impact of Maternal Drug Use on Families

Honors Thesis

Submitted

In Partial Fulfillment

Of The

Requirements of HON 420

Spring 2020

By

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Substance Abuse: The Impact of Maternal Drug Use on Families

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Abstract description:

This research study was conducted through interviews at Liberty Place in Richmond, Kentucky, a rehabilitation center for women. The women who volunteered to participate in this study at Liberty Place had to have at least one child. The six participants were asked eight questions regarding their experiences as a mother at Liberty Place. They were also invited to do a painting activity to create a canvas to honor mothers like them seeking treatment at Liberty Place. This honors thesis highlights issues that arise when a mother is abusing substances. There are countless problems that family members may face when someone is abusing drugs in the household. The participants brought to light concerns they had as a mother who has had substance abuse problems and is focusing on sobriety currently. These difficulties include custody issues, family support, parenting, communication, forgiveness, guilt, and other issues as well. Several participants talked about the continued support and guidance needed for a mother who is in a rehabilitation program. This research also focuses on the lives of the specific mothers who volunteered to participate who are seeking to become sober adults and parents. The findings reveal the participants struggles, hopes, and stories as mothers and also individuals at Liberty Place.

Keywords and phrases: *thesis, honors thesis, undergraduate research, maternal drug use, Liberty Place, drug rehabilitation, Substance Use Disorder, Neonatal Abstinence Syndrome*

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Figure 1



Acrylic painting on 24"x 30" gessoed canvas created by women who chose to participate in this research study at Liberty Place in Richmond, Kentucky. This painting honors mothers seeking treatment at Liberty Place.

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I am so grateful for having the opportunity of working with Dr. Todd McCardle on this Honors Thesis. Several semesters ago, I took one of his courses he taught in the education department at Eastern Kentucky University. I knew then that he would be an excellent mentor to collaborate with on my upcoming Honors Thesis. He continues to inspire me in education advocacy and research. I thank Dr. McCardle for his continued support and commitment to this project.

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Introduction

The purpose of this research study is to examine the experiences the participants have had while being a mother at Liberty Place in Richmond, Kentucky. This honors thesis hopes to reveal and honor these women's lives. As substance abuse continues to increase in the United States, professionals are aware that there will be an increase of mothers who are abusing drugs in the home and impacting the home environment due to their continued drug use. There are countless issues that may arise when a mother is abusing drugs. This research hopes to highlight these issues while also focusing on the women interviewed. As such, this thesis seeks to answer what challenges, successes, and experiences do individuals in Liberty Place face as a recovering mother and the impact these experiences have had on their families.

Literature Review

Substance abuse is a growing concern in American society. For instance, "more women abusing opioids causes the number of women abusing opioids during pregnancies to dramatically increase in the past decade like never seen before in American history" (Patrick & Schiff, 2017, p. 1). There has been an abundance of research on the effects of substance use during pregnancy and its correlation to Neonatal Abstinence Syndrome (NAS) in children whose mothers used substances during pregnancy. "Neonatal abstinence syndrome is a clinical syndrome that occurs when a newborn suffers withdrawal symptoms as a consequence of abrupt discontinuation of prenatal substance exposure" (Ho & Rovzar, 2017, p. 301). However, there is little research about families who have a mother going through a rehabilitation program. Researchers understand that substance use during pregnancy can cause many disorders such as attention

deficit hyperactivity disorder (ADHD), major depressive disorder (MDD), generalized anxiety disorder, obsessive-compulsive disorder (OCD), specific phobia (SP), and separation anxiety disorder, autism spectrum disorder (ASD), and other disorders and child development issues, but the professional community knows little about other factors within a family with a parent working towards sobriety (Parvaresh, et al., 2015, p. 142). This literature review attempts to highlight information that is available about substance abuse in families.

Several of the articles selected for this literature review showcase the effects a child may have when a parent is abusing drugs during pregnancy. Sandtorv, et al. (2018) conducted research in order to find a correlation between school-aged children who have been prenatally exposed to drugs and those children showing signs of Attention Deficit/Hyperactivity Disorder (ADHD) and Autism Spectrum Disorders (ASD). The researchers used a reference group in addition to the group who was identified in the hospital as being born being prenatally exposed to drugs. The researchers also investigated other factors such as environmental factors, caregiving factors, and foster care. (Sandtorv, et al., 2018, p. 1). Children who are born with Neonatal Abstinence Syndrome (NAS) are more likely to be placed into foster care at a young age compared to children who are not born with this diagnosis. These factors also could have an effect on the prevalence of Attention Deficit/Hyperactivity Disorder (ADHD) and Autism Spectrum Disorders (ASD) after taking the corresponding tests.

The conclusions of this article “show that children prenatally exposed to substances presented an increased number of symptoms associated with ADHD and ASD, compared with the reference group” (Sandtorv, et al., 2018, p. 6). Although the child may not be diagnosed with these disorders, it is still common for the exposed group to show signs and characteristics of these disorders when taking the tests given compared to the reference group (Sandtorv, et al.,

2018, p. 5). The researches stressed the importance of mental health. The closure of the article explains that “there is a need for increased awareness of, and further research on, the impact of prenatal substance exposure on mental health outcomes and functioning of exposed children within the family, at school, and in the wider society” (Sandtorv, et al., 2018, p. 6).

Similar research has been conducted by Parvaresh, Mazhari, and Nazari-Noghabi (2015); these researchers worked to examine “the prevalence of psychiatric disorders in children 5-15 years old of opioid or methamphetamine dependence patients” (Parvaresh, et al., 2015, p. 140). For research, they used three groups, “(1) children of parents addicted to opium, (2) children of parents addicted to methamphetamine, and (3) control group” (Parvaresh, et al., 2015, p. 142). The Child symptom inventory-4 (CSI-4) questionnaires were given to guardians who were not hospitalized. Children were interviewed by using the Kiddie-schedule for affective disorders and schizophrenia (K-SADS). The data collected was analyzed by a chi-square test and ANOVA.

The conclusions reveal “that the frequency of attention deficit hyperactivity disorder (ADHD), major depressive disorder (MDD), generalized anxiety disorder, obsessive-compulsive disorder, specific phobia (SP), and separation anxiety disorder in children of addicted parents were more than a non-addicted parent” (Parvaresh, et al., 2015, p. 142). They also have tendencies to be more likely to have lower IQs compared to their peers (Nygaard, et al., 2015, p. 2). It is apparent that children who are born of addicted parents are more likely to experience a variety of psychiatric disorders and challenges than some of their peers. The researchers explained that “follow-up, early diagnosis, treatment, and prevention of these disorders in children of the drug-dependent parent are necessary to reduce health costs and improve the health system” (Parvaresh, et al., 2015, p. 140).

Hans & Jeremy (2001) explain that children who have been diagnosed with neonatal abstinence syndrome are likely to have lower scores on cognitive tests later in life. Children diagnosed with neonatal abstinence syndrome at birth are likely to experience these difficulties and others as they develop. This research reveals that NAS does not just impact infants, but school-age children as they are developing. One can assume that children diagnosed with neonatal abstinence syndrome will experience challenges throughout their entire life.

Sandtorv et al., (2018), Parvaresh et al., (2015), Hans & Jeremy (2001), along with countless other researchers agree that children whose parents abuse drugs or alcohol during pregnancy are likely to experience a long list of disorders and diagnoses. It is obvious that this population of children needs professional support in order to develop, learn, and live. Sandtorv et al., (2018) explain that mental health needs to be a focus for children who have been prenatally exposed to substance abuse. This group of children will need educators, doctors, therapists, counselors, and other professionals prepared to support their physical and emotional needs that may arise due to their parents' substance abuse. For instance, occupational therapists will be crucial in assisting the development of children who were born with substance dependency. Occupational therapy intervention can help, “emotional well-being” in children (Tokolahi, et al., 2016, p. 245). Professionals have to synergize and work diligently to fully accommodate this growing population of children today.

Mothers who are chronic drug users are more likely to be fighting custody battles than mothers who are sober (Suchman, 2016). This frustration with custody issues along with the changes in the brain due to frequent drug use cause mothers to not be nearly as effective mothers as their counterparts (Suchman, 2016, pp. 36-37). Often these mothers who are using drugs do not understand their child's emotions or behaviors. For instance, in the event of a two-year old

meltdown, a mother using drugs may yell and lose control while the other mother not using drugs will recognize that their child is mad, sleepy, hungry, or a number of other things and attempt to change whatever it is causing the meltdown. Although one would typically call the yelling of the drug-user mother as “bad parenting,” the mother is not correctly responding to the situation due to changes in her brain from consistent drug use.

Research has shown that frequent drug use causes changes to the brain (Suchman, 2016, p. 36). One’s sense of emotions is skewed due to these changes. Drug use causes “the neural circuitry to accommodate excessive availability of dopamine in the brain” (Suchman, 2016, p. 36). This makes that individual unable to regulate and reward human behaviors that are key for survival. Therefore, caring for children becomes confusing, not important, and unnatural for people who are frequent drug users. Mothers who frequently use drugs find motherhood as, “less rewarding and more stressful, and motivation to care for young children may decline” (Suchman, 2016, p. 36). In fact, dealing with this stress of having a child may even cause the chance of a relapse much more likely.

Mothers who use drugs frequently will be much more likely to experience difficulties when it comes to parenting. There is a program called Mothering from the Inside Out (MIO) that acts as a type of therapy for this population of mothers. The process of MIO allows these mothers to respond to behaviors and reflect on how they responded to the emotional or stressful child care situation (Suchman, 2016, p. 38). Over time, MIO empowers mothers to become better parents by being aware of how they react, respond, and interpret the situations. This program and other similar programs prove that mothers who are frequent drug users care about their child, but their brain has been changed to not allow them to reach their full potential to be a more effective parent.

Olsen (2015) focuses on the criminal side of mothers with substance abuse issues in his article, *Punishing parents: Child removal in the context of drug use*. He discusses the laws surrounding mothers abusing drugs. Olsen examines the complications with some of the programs in place including social services. He explains the importance of the programs, but also describes some of the problems these programs can cause to the family, especially the children in these families.

Olsen (2015) believes many characteristics of social services are not beneficial. There is a stigma to social services among women who are abusing drugs. He argues that children should not be taken from their mothers even if the mother is abusing illegal drugs. Olsen supports the mother regardless of circumstance, and he does not think social services should “take away” a child immediately if the mother does not want to go through treatment. He uses Tennessee as an example by stating that this state “enacted laws that allow criminal charges to be brought against pregnant women who use drugs. These laws ‘hold women liable for prenatal conduct that may (or may not) cause harm to the fetus’ based on the notion that the fetus is a separate person, possessing rights that conflict with those of the mother” (Olsen, 2015, p. 28). Olsen (2015) claims that laws should not force a mother into treatment or take away children based on illegal drug use.

Although several professionals and researchers may disagree with Olsen (2015), his claims are worthwhile. They offer insight to a very distinct opinion of social services and custody laws. His viewpoint of social services may be similar to some women going through custody battles themselves. Many professionals will agree that the main concern of social services is that the child needs to be safe and protected.

The safety of a child is at risk when the mother is abusing drugs. Raitasalo, Holmila, Autti, Notkola, & Tapanainen (2015), argue that there is an increase in mothers who “are drinking alcohol or using drugs in a way that is likely to affect everyday family life and be harmful to the child” (Raitasalo, et al., 2015, p. 39). This unstable home environment can be physically, mentally, and emotionally damaging to a child. Children who are born of mothers with substance abuse issues are more likely to be hospitalised because of injuries and infectious diseases than other children (Raitasalo, et al., 2015, pp. 42- 43). The hospitalisation of this population of children is caused by malnutrition, bad home circumstances or environment, constant stress, or a variety of other factors (Raitasalo, et al., 2015). Children who have a mother who is experiencing substance abuse issues are more likely to be living in another home or experiencing custody battles.

Children suffer from various difficulties when the mother is abusing drugs. “Mothers’ abuse of both alcohol and drugs was a bigger risk for the child than solely alcohol or solely drug abuse.” (Raitasalo, et al., 2015, p. 38). Raitasalo, et al. (2015) explain that although children who have mothers who are abusing drugs or alcohol are more likely to be taken out of the home than other children, there is a significant number that is still in the custody of the mother abusing drugs or alcohol. This could be because the mother has achieved sobriety for that time, professionals are not aware of the situation, programs are in place that allow the mother to have custody, or a few other causes as well. This instability caused by a mother’s substance abuse can be very detrimental to the child’s overall health.

Substance abuse in a home does not solely impact the user and the child. The entire family is greatly impacted when a person is abusing drugs. Some of the problems within the family include: emotional burden, economic burden, relationship distress or dissatisfaction,

family instability, effects on the developing fetus or child, and effects on the family. Some social issues for individuals with substance abuse and their families also include: housing instability, homelessness, criminal behaviors (as a victim or as a perpetrator) and incarceration, transmission of human immunodeficiency virus (HIV) associated with intravenous drug use or high-risk sexual behaviors, and unemployment or dependence on welfare” (Daley, 2013, p. 74). These lists of ongoing concerns in the household concerning substance abuse is frightening to the entire family involved.

Daley (2013) explains that the family needs to be engaged in the care of the individual struggling with substance abuse. Numerous effective interventions involve the family in the rehabilitation process. The family also needs education on substance abuse and support. There are many support groups and educational groups the family can benefit from in this difficult circumstance. The family can often experience many social, financial, and emotional challenges when having a member with Substance Abuse Disorders (SUD), but there are some options that can lessen the burden the situation puts on the family. In the section that specifically referred to children, the main theme is the importance of communication. Parents should openly discuss the situation and any emotional feelings concerning the family member with the substance abuse issue to children (Daley, 2013, p. 74). Children need to be able to comfortably talk about their feelings and concerns. Some specific families may benefit from children talking to a psychologist or a professional about the substance abuse situation. A family who is already likely struggling in various areas will need to focus on healthy relationships and communicating to one another.

A theme that continues to resurface in many of these articles is the impact a family may have if one or more of the family members is abusing drugs or alcohol. Daley (2013), Raitasalo,

et al. (2015), Suchman (2016), and others agree that a family who has a family member abusing drugs will face countless problems over time. These problems include: custody battles, home environment, unhealthy communication, incarceration, unemployment, and the list continues. This literature review has analyzed many of these concerns these families may face. Several of the articles stressed that communication and family support and involvement in an individual's substance abuse treatment will enable that person to be successful in treatment. It is apparent that an individual may have more success in rehabilitation and a lower chance of relapsing in the future when the family is supporting that person.

This research project is utilizing visual arts during the interviews of the women at Liberty Place. Cobbett (2016) researched the effects of arts therapy with students. Some areas that the students identified as benefits from art therapy were: easier communication, emotional regulation, enjoyment, and dozens of other areas as well (Cobbett, 2016, p. 413). These results are not surprising since research typically shows the plethora of benefits people receive due to art therapy. Thergaonkar & Daniel (2019) claim that art therapy can be beneficial to all people. Although the painting activity during the interviews is not seen as art therapy in the typical sense that it is examining the participants' emotions, it is providing the participants a hopefully relaxing activity during what may be a difficult interview for many of the mothers. The art activity will hopefully guide the interview and provide the benefits that Cobbett (2016), Thergaonkar & Daniel (2019), and other researchers claim.

Methods

After receiving IRB approval from Eastern Kentucky University, I organized a date to conduct the interviews at Liberty Place in Richmond, Kentucky. Once I arrived at the appointed

date (March 4th, 2020) I read my verbal recruitment script and the interview questions I would be asking the participants who agreed to participate in my research study. I read this to the group of Phase 1 women after their “Community meeting” time. I explained that I would be doing these interviews upstairs in the conference room by the stairs once the women were dismissed from the meeting. The interviews were individual, so I explained that the women who wished to participate would have to wait outside the conference room until it was their turn to be interviewed. I would complete the interviews in the order in which the women came to be interviewed. After I was done speaking, I asked if there were any questions. I then went to the upstairs conference room to organize my materials.

Within minutes of the meeting ending, there were several women who volunteered to participate in this study. Each participant had to sign an informed consent form before starting any research. Once the participant had signed the informed consent form, I asked them if they wished to participate in the painting activity. The participants did not have to participate in the painting portion if they simply wanted to only answer the interview questions; there was no consequence if a participant chose to not paint. I explained that if they wanted to paint, they could paint before, during, or after the interview.

I explained to the participants that they did not have to answer a question if they did not want to do so. I asked eight interview questions:

1. Could you elaborate on your experience as being a mother while living at Liberty Place?
2. What has been your experience at Liberty Place as a recovering mother?
3. Has your role as a parent ever made it difficult for you to focus on your own recovery while at Liberty Place? If so, please elaborate.
4. Tell me about your family life before coming to Liberty Place.

5. Tell me about your communication with your family/child/ren currently.
6. Tell me about if/when your family comes to visit you.
7. How do you feel if/when you are able to communicate with your family?
8. How do you expect your family to react when you finish the program?

I recorded their responses in my notebook. Once the interview was over, I thanked the participant and invited the next participant into the conference room. I repeated the same procedure for every participant.

Results

Six women participated in this research study. Four of those six women chose to do the painting activity. All six women answered all eight of my interview questions. Each woman revealed her own stories about going through recovery while having children and a family by answering the interview questions and elaborating through storytelling at times. I created the charts below to organize the main points of each participant's answers to each research question.

Interview Question 1: Could you elaborate on your experience as being a mother while living at Liberty Place?	
Participant	Response to Research Question
1	She is not in her daughter's life. The father "decides everything." "They know I love them, but I am not in their life." She tells me that she, "let(s)" them know what I'm doing." They talk about, "school talk, bowling, eating, etc."
2	She gets to see her children. The father cares for them. "I am focusing on me, so I can be a good mother. I was not present in their lives before coming here."
3	"It has been a struggle. I am learning to be a Mom again. I raised my kids by myself until 2017." Her parents have custody of her children. The older child understands where she is, but the younger child does not understand where she is currently. She explains that it is, "a slow process getting happier."

4	Her mother has custody of her son who is ten years old. It is difficult because they live three hours away now, and they have never been apart before this. He wants to talk to her everyday, but that is not always possible. It is, “the best relationship possible while I am here.” She does tell me that she has another child, but they do not talk.
5	She finds it difficult. She was incarcerated for two years before Liberty Place, so daughter that her preacher adopted at birth. it has been a long time since she has seen her daughter. Her daughter is eleven years old, and she was in her life until the age of eight.
6	“It’s hard.” She has three children (ages 12, 9, and 3).The oldest two know where she is, but the youngest thinks Mommy is at work. “I miss them, but I’m still Mom.” She is working on herself in rehabilitation. “I’m working on me.” She knows they are taken care of where they are staying currently.

Interview Question 2: What has been your experience at Liberty Place as a recovering mother?	
Participant	Response to Research Question
1	She is learning how to interact with them sober.
2	Now that she is at Liberty Place, she believes that she was not a bad mother, but a sick mother. She would like more help being a mother in rehabilitation.
3	She has learned a lot about herself. She was not a bad mother, but a sick mother. She acknowledges that her parenting style has improved now that she is sober. She used to be “miserable and mad all the time.” She has learned to forgive herself for that. She is relearning her children and parenting now that she is sober. She explained to me that she is having to learn what her children’s favorite food, color, etc. are now that she is sober.
4	“I feel like I’m not a Mom. I’m focusing on recovery.” She explained that there are no parenting classes, and it is difficult to focus on recovery and being a mother.
5	“I see the problem I caused.” She has looked at her past parenting deeply while staying at Liberty Place. “You can’t just say ‘I’m sorry’ and get back in their lives.”
6	She explained to me that most women at Liberty Place have children, so most are understanding. They let her make calls or have space when needed.

Interview Question 3: Has your role as a parent ever made it difficult for you to focus on your own recovery while at Liberty Place? If so, please elaborate.	
Participant	Response to Research Question
1	At first she said no because she knows her children are well taken care of, but she later said sometimes because her older son does not speak to her. She said this causes her to be “defocused or resentful.”
2	Yes. She explained that her children miss her. Her son has anger issues she worries about. The father is an alcoholic and very manipulative. He thinks addiction is a choice. She struggles because she, “can’t fight to take them back.”
3	Sometimes. Her oldest daughter argues with her grandmother (who has custody of her). This causes the participant to feel “in the middle” of the argument. She admitted to dwelling on it while trying to also focus on recovery. She does know her children are in a “good place.” Her dad says, “Don’t worry about stuff here, only you,” when her daughter and mother are fighting.
4	Yes. She believes the transitioning starts too late. She says this makes it difficult making plans.
5	Yes. She admits that she wanted to leave, but because she was incarcerated before Liberty Place, she has to stay. “The letter writing is enough to keep me here.”
6	Yes. She told me a story about her three year old daughter whose step sister had “took off with her.” She questions if she should, “leave (Liberty Place) or stay to become a better Mom.”

Interview Question 4: Tell me about your family life before coming to Liberty Place.	
Participant	Response to Research Question
1	“Most of my life I was married, had a home, and a good job. I was a stay at home mother. 1.5 years before I came here I left my husband and lost all rights to our children. It was not a stable home with me... I stayed here, there, and everywhere. I was an alcoholic and drug addict, but I maintained my life still until I couldn't. I do not work well together with my ex husband even today.”
2	She explained to me that her mother and her fight often and her father was an alcoholic, but he has been sober twenty-seven years and is not a pastor. “I was being a Mom to the best of my ability.” For five years, she fought for custody

	and her children stayed with her parents. She explained that through these custody battles she, “stayed sober through it. I relapsed when kids said they wanted to stay with their father instead of me.” “You don’t stay sober for other people.” She thinks her family does not understand what she has been through or addiction.
3	She was married, but later divorced. She has two children. “We’ve had our moments. Most of my family did not trust me.” She told me about how her, “oldest would take the phone to call their grandparents to come get her.” She thinks her family “tried to help me, but I wouldn’t listen.” She explained that she felt very isolated. “My dad’s family is all alcoholics and drug addicts. It was always an up and down battle. When I was in jail they barely came to see me.” Her daughter, “said that she did not deserve to talk to her,” because of her past. She admits that her, “oldest raised youngest since she was born,” because of her addiction.
4	“Really good family life.” She started using drugs and alcohol when she was twenty-eight and she is now thirty-three. “Family has been there since good and bad. Amazing family since I was a child.” She described to me how she would still maintain a job while also using and selling drugs before Liberty Place.
5	“My Mom is in addiction. Dad passed away but was never in my life.” Her father was also a user prior to his death. “I haven’t talked to them in years. I only talk to my brother sometimes.”
6	“It was awful. I have celebrated my husband’s one year overdose while I have been here (Liberty Place). It was hard to work on unresolved issues while here. I have to do what I’m told. Doing it my way hasn’t gotten me anywhere.” She started telling me a story about her husband’s overdose. “My twelve year old did CPR while he overdosed. He told me, ‘go big or go home’ when we were in the middle of fighting. He told my kids goodbye before he went in the house with them and overdosed.” She explained to me that he had been to rehab before, and it never worked.

Interview Question 5: Tell me about your communication with your family/child/ren currently.	
Participant	Response to Research Question
1	After sometime at Liberty Place, her Mother came to see her. This was a surprise because they, “used to not talk.” One time a month, her parents bring “her girls” to come visit. “I do keep in communication (phone) with my parents, but not husband or girls.” Her husband has all rights to their children.

2	She talks to her daughter 3-4 times a week on the phone. She gets to see her daughter once every 1-2 months. She explained to me that they spend the weekend together when they come to visit. She elaborated on her communication with her individual children. “The boys were exposed to a lot.” Her fourteen year old does not talk to her. “He is closed off.” The thirteen year old is the “superhero of the family,” because he is constantly trying to, “save the family.” She agrees that her parents have created healthy boundaries. She told me her daughter wears a shirt that states, “Strong Like Mom,” on the front of the shirt.
3	She talks to her Mom and Dad a few times a week over the phone. “Kids don’t like talking on the phone.” Every few weeks they all visit her at Liberty Place. She explained to me that her father and her used to argue all the time prior to her coming to Liberty Place, but now that she is here, they do not argue. “I can actually talk to my family now.” Her mentor tells her that, “her guilt makes her not enjoy family visits.” Overall, she told me that communication with her family had improved since she came to Liberty Place.
4	She talks to her mother, father, and son on the phone. “It is as much as I can make it without distractions.” She told me her family was as involved as possible.
5	She talked about writing letters to her daughter again (see question 1). She also talked to me about being able to talk on the phone with her brother who is in prison currently for drug charges. “He says he loves me and is proud of me.” She explained that he is a big, tough guy, but cried when she told him she was close to finishing the program. “He is on drugs and has relapsed.”
6	She talks to her children one time a week. “They need to adjust without me, but I need them. I am powerless about stuff outside of here.” She explained to me that her “boys are proud, but (her) little girl) doesn’t know.”

Interview Question 6: Tell me about if/when your family comes to visit you.	
Participant	Response to Research Question
1	She repeated from question 5 (see question 5).
2	She says that at first it was, “chaotic and overwhelming. I didn’t know what to say or how to act. I have learned that we have fun together.” She explained that he has not seen her sons since November (this interview was the following March 3rd). She said they, “cried some and asked to take (her) back to the house.”

3	“They get excited. Kids love the women here. She described to me how her children run to her room when they get to Liberty Place to visit her. “I have a polaroid. I take pictures of my kids to put on my wall in my room.” She told me she normally gets to go eat with her children. There is “never a dull moment,” when her children visit her. Her parents come to bring her children. They live three hours away, so they try to see her every other week on Sundays. “I was physically there before, but I can’t tell you what we did when they were younger.”
4	“I am here because I want to be a Mother.” She told me her pastor adopted her daughter at birth.
5	She writes letters to her daughter, but she does not visit her. She says this situation is, “not difficult” since she “wasn’t close to them ever.” “If you don’t have anything, then it isn’t hard.”
6	Her family does not visit her. Her parents have her daughter currently. Her “son’s dad does not drive here.” She explains it is a burden on both of them. She told me that the, “visits in last rehab weren’t good. My family doesn’t support. I feel greedy asking them to come.”

Interview Question 7: How do you feel if/when you are able to communicate with your family?	
Participant	Response to Research Question
1	“I feel good and happy. I enjoy visits. I do not feel upset like most people. I’m doing what I have to do here. I am grateful. It is depressing to not be in their life- I used to be in their life, but I’ve never lived life sober until now.”
2	“I have gotten better. I am still a Mom and a daughter.”
3	“I feel more comfortable. (There are) no arguments anymore.” “I used to dread talking to my Dad.” She explained that her daughter now explains, “how she felt about me before I was at Liberty Place.” She admits that she was not a good influence or parent before Liberty Place. She is, “grateful to learn about them,” now that she is sober. “They support me. I don’t fight with them.”
4	“Good. They encourage me.” She admits to sometimes feeling helpless. Her son says, “he would act different if he was with Mom.” This makes her lose her “drive and become sad.” They do, “keep me in the loop. Life doesn’t stop in recovery. I still have a house to keep up.”

5	<p>“I love writing her. I get impatient writing,” because she does not write back. She explains that maybe the two of them can eventually talk on the phone. She, “gets a phone next week, and I haven’t had one in four years.” She thinks her daughter would prefer to talk on the phone. She knows that her daughter loves her letters because, “she looks forward to my letters. She chases the mailman on Wednesday and Thursdays (when the letters usually arrive.” “I still see her as a little girl. For two years, I had no way of letting her know I cared.” “I wouldn’t go around her high,” because when she was high she, “didn’t enjoy time with her.” “I wasn’t a bad Mom, I was a sick Mom.” “No human power could relieve me. She (daughter) won’t understand.” She talked about how it used to frustrate her when her brother was high all of the time. “I understand (her daughter) from this point of view.” She started using when she was twenty-eight years old in college. “Feels like you’ve been taken over. If it is something you have to control then it's already taken over.”</p>
6	<p>“I get excited and overwhelmed.” She tells me that her nine year old asks her, “when she will be done.” She answers that by saying, “when the time is right.” She describes how treading in downtown Richmond is for the women. “People yell ‘crackhead’ at us.” There is little support when treading, and “kids are what keep us here. I wouldn’t be here if it weren’t for my children.”</p>

Interview Question 8: How do you expect your family to react when you finish the program?	
Participant	Response to Research Question
1	<p>“I expect them to be happy and behind me. I expect to let them back into my life gradually.” She told me that she wants to be around after leaving Liberty Place, but, “They have to be patient.” She has a ten year old daughter and a twelve year old daughter. “It’ll take time for them to let me get joint custody.”</p>
2	<p>“I can’t expect much.” She explains that her family will still be worried since she has relapsed three times in the past. “I have made them sick too. They are questionable to me and the way I have mistreated them.” She explained that she has worked really hard and she will, “forever work on it.” She explained that she is an only child and before Liberty Place, her parents and her did not have healthy boundaries. She hopes that after leaving Liberty Place, her parents and her, “will still have healthy boundaries. I hope they will be happy.”</p>
3	<p>She expects that her family will be, “super excited,” once she finishes the program. She told me about how she recently got a weekend pass to go home, “and it was not the same.” “I have to continue to work a program.” She explains to me that, “family get-togethers are not the same.” For a family member’s birthday, they usually went to Buffalo Wild Wings, but now they do not go there</p>

	because they do not want her to be around drinking. She acknowledges that a lot has changed within her family. Overall, the “kids will be excited.” When she sees them they are, “stuck at my side the whole time and fighting for my attention.” She knows that it will be a “big transition” when she finishes the program.
4	“My Mom has a job lined up for me once I leave. They want me back home, but when I’m ready.” She explains that she went to jail for six months prior to coming to Liberty Place. She describes her hometown and her Mom who, “builds support at home to people I can’t talk to.” She explained that her mother talking to people about her helps. “Life hasn’t always been bad for me. I can pick up and learn from this.”
5	“I don’t know.” She explains that she has not been around her mother recently. “Mom doesn’t think she is an alcoholic or user, but she is. She used her whole life.” She explains that she hasn’t seen that behavior change. “People avoid you when you get sober.” “Friends ‘in madness’ leave you. They are selfish and self centered. They are only friends with you because you have something they want.” She explains that most of her friends will no longer want to be friends now that she is sober.
6	She starts crying during this part of the interview. “My past will haunt me. I have overcome a lot of stuff. Lost both parents to addiction. I refuse to let my daughter bury another parent.” She tells me about how her husband told the kids goodbye and then overdosed while he was alone in the house with the children. Her oldest had to do CPR on his father and “begged him not to die,” while overdosing. The son was twelve at the time of this overdose. The father passed away while the son was doing CPR. “My daughter was born into addiction.” She explains that she was using meth during this pregnancy. At 3.5 months, she started using suboxone. She, “didn’t use with the boys.” Her, “little girl had terrible withdrawals.” “I worry about her. I need to do something right and accomplish something in my life.” She also explained that her mother, “did cocaine the whole time she was pregnant with me. I grew up with drugs.” She explained that completing the program will make her kids proud.

Discussions

When analyzing the interview notes, there are expected and unexpected ideas, concerns, themes, and patterns. It is interesting to have such diverse and yet similar responses to the same questions. These women revealed to me their life throughout the interview. I got the chance to get to know each participant on a more personal level. Several of the women cried, laughed, and

talked to me about their past, current situation, and future. Each woman reveals an insight into her struggles and also joys in life through her answers and stories.

Many of the women interviewed revealed some of the struggles their family had faced due to substance abuse. Children who have a parent or parents who struggle with substance abuse often have more issues than just those that can be diagnosed (Suchman, 2016). These issues include overall family difficulties caused by parental substance abuse. These issues have not been researched as much as those that can be diagnosed in children, but they are still prevalent in society. The issues some of these families face are custody battles, unhealthy relationships, parenting problems, unstable and inadequate home environment, and many other underlying factors. Although these issues are not able to be diagnosed in children, they are still important concerns that need to be addressed by professionals. The lack of research on these family issues when a parent is abusing drugs further establishes the need and importance for this thesis research.

The first common pattern I saw among all of the answers was that these participants cared about their children. Whether or not their child(ren) were safe and in a healthy environment was a concern many of the women voiced. Many of the participants talked about worrying about what their families may be dealing with at home without them there. Participant 6 stated, "I miss them, but I'm still Mom." Participant 4 said, "Life doesn't stop in recovery. I still have a house to keep up." There is often a stigma in pop culture and media that mothers who are frequent drug users do not care about their children. These women proved that wrong. Although they admitted their past was full of mistakes, now that they are in a rehabilitation program they seem to be focused on the wellbeing of their children and also sobriety.

While the women are staying at Liberty Place, many of them revealed to me who was caring for their child(ren) while they were focusing on sobriety. There was a pattern of grandparents caring for the child(ren). I had expected this because as a future educator I am aware that lots of grandparents are the guardians to their grandchildren today. There also was a trend that at some point older siblings may have raised younger children. One participant admitted that her oldest child had raised her youngest child while she was using drugs. This often contributes to their child(ren)'s perceptions of them now. I noticed that if an older sibling raised a child or was around during the hardships at home while the mother abused drugs, they tended to not have great communication with the mother. Younger children who may not remember the mother using drugs tend to have better communication with the mother. This is interesting to ponder the idea and power of forgiveness in older children who have grown up with a mother who uses drugs.

There is an underlying tone of guilt in each of the women's stories. Their answers revealed that they regretted some of their mistakes in the past and thought about it frequently. Participant 5 stated, "I see the problem I caused. You can't just say 'I'm sorry' and get back in their lives." This quote shows how this participant along with others are struggling with how to forgive themselves for their past mistakes. Participant 6 revealed guilt in how her spouse had overdosed and how this had impacted their children. She cried while explaining, "I refuse to let my daughter bury another parent." This appears to be a motivating factor for her to achieve her own sobriety. Several of the women also had family members turn against them because of their past mistakes, and this a lot of time caused a feeling of guilt in the participants. Many participants acknowledged their past parenting was filled with anger and instability. Several of these women agreed that they were, "not bad moms, but sick moms." This is stated in the Big

Book that is often read in rehabilitation programs. This statement shows the scientific knowledge that explains that drugs change the chemical makeup of the brain. This ineffective parenting is not the fault of these mothers when they were abusing substances in their past, but they still often feel guilty for the way they acted in their past.

Now that the women are working towards sobriety, several of them commented on the idea that they are having to relearn how to be a parent again. In the past, these women were controlled by their drug of choice, and now that they have control on parts of their lives, it is difficult to learn how to live sober. Many participants have not ever lived a sober adult life. Now that they are not abusing substances, this causes fear in how they should parent and interact with their child(ren). Four participants said “yes” to that it was difficult being at Liberty Place and also being a mother and the two other participants said “sometimes” to this question. One participant talked about how there used to be a parenting class for the women at Liberty Place, but this class does not exist anymore. This class could be helpful to the women at Liberty Place as they are navigating a new sober life as a mother.

Family support was a common topic the participants talked about in the interviews. When the family supported the woman in Liberty Place, they tended to be more positive and hopeful. The participants who had a strong family support system had a future planned with their family once they left Liberty Place. The women who did not have family support or even a relationship with their parents seemed lost. Family involvement in the rehabilitation process is a common talking point among researchers and professionals. I think it may be beneficial to have the family involved in some way during this process. Women tended to be happier when the family was supportive.

Communication with family was a major part of the interview. Each woman talked about her specific circumstance and thoughts about communicating with her family. Many women called their children while at Liberty Place. At Liberty Place, women also are allowed visits from their family. Several of the women talked about how great the visits were and how they looked forward to seeing their child(ren). That said, some noted that it was difficult or overwhelming during the first family visits. Overall, the participants seemed to agree with one another that communication was better and healthier now that they are working towards sobriety. Many acknowledged that communication was not healthy while they were using drugs, and it has improved while they are at Liberty Place.

Something that was really interesting and unexpected was not what the family had encountered while the mother was using drugs, but perhaps the effects of those memories on the children. I expected to hear depressing stories about what the children had endured while the mother was physically but not mentally or emotionally in the home, but I had not thought about the shock this may have on the family members in the future. For instance, participant 6 stated, “my twelve-year-old did CPR while he overdosed. He told me, ‘go big or go home’ when we were in the middle of fighting. He told my kids goodbye before he went in the house with them and overdosed.” When this participant talked about her son doing CPR on his father and watching his father die from an overdose, my mind automatically went to how that child would ever recover from this memory. Several of the women revealed to me unpleasant memories their child(ren) may have of them while they were abusing drugs. Personally, I believe there needs to be support for these children who may need a counselor or other professional to work through forgiveness, grief, and many emotions that arise from having a mother who abused drugs.

Children who grew up with a mother who abused substances are at a disadvantage to their peers in so many ways, but I had not considered the long-term shock many of them may experience.

The women also talked about finishing the program and how they expected their friends and family to react to them finishing a program and being sober. Four participants said that they had support in their family when they finished the program. They seemed hopeful about their future as a sober adult. The other two participants did not have good family relationships, so finishing the program without family support was more difficult. Either way, each woman was happy to change their lives once they left the program. Participant 5 surprised me by explaining how old friends who may still abuse drugs will react negatively to her once she is sober and not “in madness” with them still. She explained that “people avoid you when you get sober.” This is interesting to me because leaving Liberty Place means these women will often have to make new friends while also having to navigate a sober adult life. Several women also said that although they leave the program eventually, the women will have to continue to work and focus to stay sober. Overall, the participants revealed a variety of struggles that may arise once they finish the program, and although Liberty Place focuses on that transition, it made me realize how difficult the transition is for these individuals.

Implications and Further Research

An obvious implication is that this study was only conducted at Liberty Place in Richmond, Kentucky. Data is limited to the analysis of these specific women who chose to participate in the research study. A similar study could be conducted at other rehabilitation places in the future to compare and contrast findings. Although data was only collected at one rehabilitation center, this honors thesis brings awareness to these women specifically and honors

their lives. Drug abuse continues to increase in society, so this population of women and those like them are becoming increasingly common. Sadly, their struggles and situations are something many can find relatable as drug abuse increases.

I think it would be interesting to research more about the transition once leaving Liberty Place and how the women navigate their new sober lives. This part of the interview was intriguing because I do not think many people think about the challenges these individuals face once they are sober adults leaving a rehabilitation center. So many people seem to think that getting to a rehabilitation program and being sober is the main issue. Although this is very difficult, leaving these programs also brings a new set of challenges to these individuals. Examining the women's lives once they are out of the program would bring insight into these transitional challenges.

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