SUBSTANCE ABUSE TREATMENT ENGAGEMENT AMONG PARENTS: PERCEPTIONS OF THE PARENTING ROLE AND AGENCY-RELATED MOTIVATORS AND INHIBITORS

STUDY PURPOSE

It is important that substance abuse agencies take into consideration the unique circumstances parents face when accessing and engaging in services for treatment. This study examined parental motivators and inhibitors and agency facilitators and barriers to treatment in a cohort of 45 clients utilizing substance abuse services in one Southeastern state. Nine in-person client focus groups were conducted, with participants averaging 34 years of age. The majority of participants were female, White, had completed some college, and were unemployed. Focus group transcripts were analyzed to identify themes related to the study topic. The following four sections will detail the themes identified.
PARENTING MOTIVATORS & INHIBITORS

PARENTING AS MOTIVATION

Participants in all nine focus groups mentioned being a parent as a motivating factor for seeking substance abuse treatment. Parental involvement with Child Protective Services (CPS) required entering into treatment. However, several parents noted that, though they were involved with CPS, the underlying motivation for utilizing services was their children.

[CPS] dismissed our case ‘cause I gave my son to my mother for temporary custody. I don’t even have to be here now, and I chose to stay ... I promised my son that I would stay, and that’s what I intend to do.

Many participants explained that another part of their motivation for being in treatment was to create a better life for their children or to be a better parent.

Because you’re getting treatment, you’re doing what it takes to make your life better and your children, your relationship with your children better. You’re doing what it takes to be able to keep your children, I mean ... you becoming drug free. A better life.

PARENTING AS AN INHIBITOR

In contrast to parenting being a motivator, participants in six out of the nine focus groups noted that parenting was also an inhibitor for engaging in treatment services due to parents being away from their child, debilitating guilt, and the demands of parenting. For many participants, the time necessary for treatment was more than they wanted to spend away from their children, especially for in-patient treatment.

Twenty or thirty minutes. That’s fine. But, when you wanna try to have me sit there for an hour and a half, I’m constantly thinking I need to get back to my kid and take care of my kid.
AGENCY-LEVEL FACILITATORS & BARRIERS

PARENT-SPECIFIC SERVICE FACILITATORS

Participants in this study identified several ways substance abuse agencies facilitated access to services for parents, which included: mother-child residential treatment programs, services for children, concrete support, and advocacy and emotional support.

Mother-child residential programs were created in order to address barriers many parents face when accessing inpatient substance abuse services. These types of programs allow mothers and their children to live together during the treatment period. Parents that participated in a mother-child residential program noted the benefits.

*It’s a wonderful program, I mean the [mother-child residential program] helped me with my daughter. I’ve been able to stay with my daughter in a secure environment.*

Substance abuse agencies offering services for children were also seen as a facilitator to treatment. Many parents expressed an appreciation for being able to attend counseling sessions with their children. Some agencies also offered child activities and childcare.

Concrete supports that parents mentioned in the focus groups included: diapers, birth control, temporary housing payment assistance, and transportation to prenatal care or pediatric appointments.

In addition to concrete supports, advocacy and emotional support by agency staff were contributing factors to parents continuing participation in treatment. For mothers especially, emotional support was regarded as an important part of the treatment process.

*And another awesome, awesome strength about it was when I walked in, and I was told that I was not a bad mother, that I was a sick mother and I was gonna get better. And that was huge. And that I was told that they would trust me until, they would trust me unless I gave them a reason not to. And I didn’t have anybody else in my life that was gonna do that right then.*
PARENT-SPECIFIC SERVICE BARRIERS

Participants in the majority of focus groups also identified ways in which substance abuse agencies and agency policies were hindering participation in services for parents. Barriers were related to access to children or barriers specific to mother-child residential treatment programs.

For parents not participating in a mother-child residential treatment program, the structure and rules for child visitation in traditional treatment settings were seen as putting undue stress on the recovery process. Parents with limited access to their children during treatment saw this as an emotional burden.

*If I could have my kids with me through recovery, I would have less chance of relapse or suicide or drinking alcohol.*

Participants engaging in mother-child residential treatment also expressed barriers specific to these programs. Many parents noted the challenges of living in close quarters with other families, wanting family time with just their children, and having other women in the program watch their children.

*There were fears and challenges living among 16 women and 32 children. Yeah, you have to learn patience and tolerance.*

*I don’t want nobody to take this the wrong way, but I’m a drug addict myself.*

*I am coming off drugs and I know how it is. I wouldn’t want somebody else that’s comin’ off drugs to be near my kids.*

Many of these barriers could potentially be addressed through mother-child residential treatment program policy changes.

RECOMMENDATIONS

Substance abuse agencies serving parent populations can address the inhibitors and barriers to access and treatment engagement through program and policy level changes. These changes should focus on ways in which treatment services can be more flexible to support parental needs. This could include providing childcare services at the agency, engaging parents with their children in the treatment process, and providing additional emotional support to parents.

This Project was supported by contract number A201611015A with the South Carolina Department of Health and Human Services (SCDHHS). Points of view in this document are those of the authors and do not necessarily represent the official position or policies of SCDHHS.