Program effectiveness among recovering substance abuse mothers in a treatment program

Elizabeth Anne Pickett

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PROGRAM EFFECTIVENESS AMONG RECOVERING SUBSTANCE
ABUSE MOTHERS IN A TREATMENT PROGRAM

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

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

by
Elizabeth Anne Pickett
June 2008
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ABSTRACT

Pregnant women who abuse drugs are not only hurting themselves, they are potentially hurting the life of their unborn children. Literature suggests that recovering substance abusing mothers in a treatment program are more likely to sustain their sobriety if a treatment program can offer an array of support services designed especially for their needs. The purpose of this study was to conduct face-to-face interviews with women who were in enrolled in a treatment program in Los Angeles, California. The interviews were used to register client perceived satisfaction and effectiveness of the services offered in their treatment program. Essentially, the purpose of these interviews was to understand which services were the most helpful in sustaining their sobriety. After analyzing the responses, five components of perceived satisfaction and effectiveness among substance abusing women were developed to report the common themes that emerged. These components were social support, skills the women learned, a positive and nurturing environment, a self-focus of their own needs, and strength and a higher power to guide them.
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CHAPTER ONE

INTRODUCTION

Problem Statement

Pregnant women who abuse drugs are not only hurting themselves, they are potentially hurting the life of their unborn children. The numbers of substance abusing pregnant women have been on a rise over the past few decades (Budden, 1999). Society should be helping these women, rather than condemn them for their actions. This is not just an issue of a woman hurting her own body and damaging her insides, but rather there is another life that must be considered. Babies who are exposed in utero have so many more difficulties in their lives. There is uncertainty as to when or how much exposure will affect a child’s life, but what is known is that there are numerous physical, developmental, psychological, and emotionally damaging outcomes that are likely to happen to each child born to a substance abusing mother (Cosden, Peerson, & Elliott, 1997).

One issue surrounding this problem is that there are not many places a substance-abusing woman can go to get the help she needs. Most drug and alcohol treatment
programs cater to males as opposed to females, especially pregnant females. The type of treatment center a pregnant substance-abusing woman needs is one that can teach her more than just kicking her drug or alcohol habit. These women need parenting classes, mental health counseling to deal with past and present issues, help with transportation to get to and from the classes, childcare for their other children or when the baby is born, and how to deal with little or no social support.

Another issue with this topic is that the laws are very unclear as to where to put the blame, who to help, and what to do with the pregnant mother and her unborn child. It is hard to know if one should blame the woman who abuses the drugs or alcohol, or if one should have concern for the woman and the baby. To the social workers and the clinicians who have to make a choice of who to punish and who to help, it can be a bit overwhelming. The best option would be to get the mother enrolled into a treatment program that is designed to sober her up, as well as teach the mother how to care for her child. This would allow for the mother to have more of an understanding of the expectations that await her in the future in regards to herself and the life of her unborn
child. Not only are laws unclear of who to blame, but also society’s images of these women hinder them in getting the directions they need and often require. Throughout the research, it is evident that it is much easier to put the blame on the mother and then walk away from the situation. The problem with thinking this way is that this problem is not going away. Not only are the numbers of drug and alcohol babies born on the rise, but also research is showing more and more complications for these babies later on in their lives. Also, if a woman has one drug exposed baby, what would prevent her from having more?

The solution to this problem is to create an environment where the women can get the help and information they need in order to make better-informed choices for themselves and their babies. These women need to be in an atmosphere where they are not blamed day after day, but rather have a place where they feel supported, educated, and encouraged to make the right choices for their life and the life of their baby.
Purpose of the Study

The purpose of this study is to examine what is needed for women and their children to be drug free and productive in their lives. Sun (2004) described the ways in which social workers could help to eliminate some of the pressures and stigma of substance abusing women who are seeking treatment. Sun (2000) described effective approaches which would work in a treatment centered program to help these women overcome their substance abuse problem, and to learn to be more effective with their children. The women need to learn and understand more about the nurturing a child requires in order to grow into a more adaptive child. In addition, the women will learn coping skills, get mental health counseling, take educational classes, and get social support that is essential to their individual growth. These are all aspects that are needed in a substance abuse treatment program for pregnant women in order to learn, grow, and stop the cycle from happening again. These populations of women need more care and understanding than the average substance user trying to get clean; these women have another body growing inside of them that is depending on
them to get clean and sober, (Jessup, Humphreys, Brindis, 

The question is, even with all these considerations 
and special classes that are taught, are pregnant 
substance-abusing women willing to make the effort to get 
clean and sober and stay that way? Are they really 
getting the proper information they need? Are programs, 
which are supposed to be structured, and catering to 
these women helping them in every way possible for them 
to become responsible women and mothers to their babies? 
Are programs that specialize in pregnant substance 
abusing women effective in helping these women raise 
their babies and learn how to take care of themselves so 
they don’t repeat the cycle again in the future?

Through the participants of the treatment program at 
Mariposa House, this study showed the effectiveness the 
program has on the lives of the women and their small 
children. It is important to make sure the treatment 
housing program is encompassing not only the substance 
abuse component, but also the educational classes and 
mental health aspects that are relevant. It is within the 
educational classes that the women learn a better 
understanding of their bodies, they how to care and
provide for their children, and how to sustain a drug-free lifestyle.

To gain a better insight and understanding of the fears, questions, concerns, and effectiveness of a pregnant substance abuse program, data was collected through interviews. The women, whom are living at the Mariposa House, received substance abuse classes, mental health counseling, childcare, transportation to and from the various other activities going on within the community, and educational classes for continued learning. Through the data, it was the hope that it could be shown that structured female oriented treatment programs are not only effective in helping pregnant/postnatal women stop using drugs and alcohol, but also show them how to care for themselves and their child. The data was collected through interviews in which the postnatal women were able to give their perceptions of the program and explain what has been effective for them in furthering their sober living. It is through these interviews that the women were able to explain what has been helpful in enabling them to sustain a drug-free lifestyle for themselves and their children.
The purpose of this study was to explore and identify the factors that contributed to the perceived satisfaction and effectiveness of the clients enrolled in a drug and alcohol treatment program.

Significance of the Project for Social Work

The purpose of the study is to see if all the special circumstances, extra classes, and parenting aspects of a treatment program are effective for pregnant substance abusing women. By researching the effectiveness of treatment program facilities, it can be determined if it is in fact more beneficial to substance-abusing women to have more detailed, focused treatment that will make special considerations for the women and baby. At the same time, the research may show whether or not there should be more federally funded treatment programs that pregnant substance abusing women could access in other locations that might be better suited to them and their circumstances.

This research does not just change the lives of the women or their children, but it could change how society views women who were abusing drugs and alcohol while they were pregnant. Society has a tendency to cast off
populations that are not desirable or cause problems; however, with more of an understanding in regards to structure and educational classes, we are bettering the lives of everyone involved. This study can contribute to social work research by simply showing a different side to these women and the struggles they go through daily. This research could be an explanation to society as to what these women need, rather than the discouragement and the disgust they are often met with from society.

From this study, numerous generalist intervention processes may be informed. One area that will be affected is that of assessing. By doing the research it would be known if there are more areas that need to be looked at for the women to succeed in this type of treatment. By doing the assessing, it could be shown that there are areas of the treatment that are not working or helping the women and/or their children. Evaluating is another area that would be important to look at. With all treatment programs specifically for pregnant substance-abusing women, completing evaluations of the programs would help to show if the program has been effective or not. Also, it could be determined which areas of the program are effective, and which areas, if
any, need to be reexamined or redesigned. The evaluation process is an important aspect of this study.

Through all the research and data that was explored on this subject matter, there was never a clear-cut answer to the need and effect of a treatment program designed for this particular population of women. Therefore, this study assessed what the participants felt is the effectiveness of a drug and alcohol treatment program for pregnant and postnatal women. From the research a conclusion was made whether the women are getting the skills and tools they find necessary to live a drug and alcohol free life for themselves and their children.
CHAPTER TWO
LITERATURE REVIEW

Introduction

This chapter consists of previous literature on pregnant/postnatal substance abusing women. Of the information presented here, the studies show not only the women, but the children also are affected by drug and alcohol abuse. The information presented in this section gives an overview of the unclear laws for the women and their children, the demographics of the problems, as well as the need for more detailed treatment programs geared towards women and their children. Lastly, there is a section on how the children fare as a result of being born to substance-abusing women.

Demographics of Pregnant/Postnatal Women

The amount of pregnant substance abusing women is growing more and more each year. It was reported that there are 5.5% illicit drug users who are pregnant while using (Jasson & Velez, 1999). Not only is the percentage alarming, but it also brings to the surface what many of these women already know: they need help, but there are not many places for them to get the help they want and
need. Jansson and Velez (1999) show how this population of drug users are in a class all their own, but also how much they are underrepresented in the treatment centers and the like. Substance-abusing pregnant women continue to stand out in the community of drugs and alcohol because of the special needs that they require. First, these women usually need more medical attention, because they usually have a long history of abuse (emotional, physical, verbal, and/or sexual) they are trying to cover up with their substance use. And second, they have low impulse control, which might lead to inappropriate choices and behaviors.

More importantly, treatment centers do not usually want women because of the baggage they bring with them. Being pregnant and the chance of having more children at home which might require more attention and concern raises red flags for treatment centers. As a result of this, pregnant women are left to figure things out on their own with no help from anyone, (Jansson & Velez, 1999). Also pregnant substance-abusing women need more from a treatment program than non-pregnant females. They need to learn a whole new way of life including how to parent, acquire coping skills, and positive
communication. Also if there is a mental health illness, they need to learn how to adjust and take care of themselves before they try to care for an infant. There are many effects and difficulties these children might have as a result of being exposed in utero to drugs and alcohol, which is alarming. There are many circumstances and insights that need to go into their care and upbringing, as a result of possible exposure.

The study by Budden (1996) was to show what the effects of drug use will be on children, pre and post birth as a result of women continuing to be drug dependent while pregnant. In the study it was discussed how over the past decade the number of women who are using drugs while pregnant has risen. It has been estimated that over five million women have continued to use illicit drugs, alcohol and nicotine during pregnancy, (Budden, 1996). It has been thought that it might not just be a question of illicit drug use for these children before they were born, but also a matter of their mother's actions that also influence fetus growth and development. Other possibilities could be exercise, amount of rest, eating the proper nutrients, prenatal care, and also other untreated medical conditions. After
the baby is born and continues to grow, there is a good possibility of behavioral, developmental, and physiological problems that could arise resulting from exposure in utero and environmental pressures. Some of these factors include education level, poverty, inadequate living conditions, lack of coping skills, legal problems, inconsistency in or lack of parenting skills, depression and other mental health issues, and little or no social support.

The Possible Effects of the Drugs Use on the Children

Still, today we don’t know everything about drug exposure to the fetus; it is hard to say when the neurobehavioral problems really begin. Cosden, Peerson, and Elliott, (1997) collected data on over eighty infants to study and compare possible developmental and congenital birth problems. The problems could possibly start before birth, but there are also studies that show the behavioral, physiological, and developmental problems that drug exposed children have later on in life, (Cosden et al. 1997). One factor that is often troubling to doctors is that drug exposure is not the same across the board. Depending on the type of drug and he amount if the
drugs, there are different effects to the body. Therefore, the child’s growth is affected in different ways with no way to predict ahead of time. This means a child would have to be studied and examined for various types of drug exposure over a long time span. Cosden et al. also found Another factor doctors often find is that there is a good chance the mother is not taking prenatal precautions, seeing a doctor on a regular basis, eating right, or getting enough rest. These factors can affect the pregnancy and after care for the newborn baby.

Another area of interest within this article Cosden et al. addressed is children who grow up in homes in which drugs and alcohol are a common practice. In these situations, the children are at risk for neglect and/or some type of mental, physical, or emotional abuse as a result of being exposed to the drugs and/or alcohol.

Nair, Schuler, Black, Kettinger, and Harrington (2003) did a longitudinal study on home-based early intervention of children who were born with positive toxicology screens for drugs. The study showed women who abuse substances were at higher levels for risk factors such as depression, spousal abuse, criminal behavior, lacking coping strategies, psychiatric disorders, and
high rates of unemployment. This study also examined how risk factors influence changes in parenting attitudes and the development of the children over the first eighteen years of the child’s life. The women who participated in the study were from a large inner city that had all delivered at a University Hospital and all had either a positive toxicology screens on their newborns, or a history of substance abuse was noted in their chart, (Nair et al. 2003). There were 265 women in the study that were split into a control group and an intervention group. Those women who were in the intervention group received home visits, weekly for six months, by trained individuals who taught the mothers behaviors and activities for age appropriate developmental skills. After the six months, the trained individuals came every other week for another year and half. Those in the control group only received brief tracking visits each month. Nair et al. found there were ten areas of interest that were measured to assess environmental risk. The areas were: depression, domestic violence, non-domestic violence, family size, homelessness, incarceration, absence of significant others, negative life events, and the severity of drug use. It was found that in both the
intervention and control groups, the risks increased as the women reported more stress related to caring for their children. In both cases, this happened after 18 months, when the pressure of raising children becomes more difficult since they need more attention and constant supervision than when they were newborns.

Grant, Ernst, Streissguth, and Stark (2005) show the relations between home visitation intervention and the decrease in illicit drug/alcohol exposed newborns. The purpose of the program, which started in Washington, was to stop subsequent drug exposed babies born to mothers who abused alcohol and/or illicit drugs with a previous pregnancy. The objective of the study was for the women to receive assistance from case managers in obtaining alcohol and drug treatment, maintain sobriety, and get outside resources in the community which will continue to aid the recovery of these women and their children in the future. These case managers helped the mothers to identify their own personal goals, reach goals, as well as maintain and monitor their progress. The case managers also worked with the whole family to maintain the goals of the individual women, to decrease the possibility of relapse, and to help eliminate triggers for the women.
The findings from the study showed that the women did improve or at least maintain, at the current state they were at. Ultimately, what the researchers found was there are two ways to help prevent drug or alcohol exposed babies. First, to help the women avoid drugs and alcohol during pregnancy, and second, to increase services teaching women ways to prevent themselves from ever becoming pregnant, (Grant et al. 2005). In doing this, all the statistics of drug and alcohol exposed pregnancies could be avoided completely.

Policy Problems/Issues Pertaining to Pregnant/Post Natal Women

The purpose of this study was to give insights into the difficulties surrounding the issue of substance abusing pregnant women in regards to ethics and morals (Andrews & Patterson, 1995). For Social Workers, there are so many issues, concerns, and policies that arise as to who to protect and where a majority of the concern lies. Over the years there haven’t been many places pregnant women who are abusing substances could turn to for answers. Often there is a stigma that arises and the women are judged and even turned away from places because of their lifestyle. Andrew and Patterson (1995) found
that usually the women could not find a program that would take them because of their pregnancy. Other concerns that come with substance-abusing women are there is usually an older child with whom the women would have to be separated from, inadequate prenatal care, and also the women are usually unable to pay for any type of services. On the other hand, being scared and having uncertainties of how they are being perceived; these women are doing more harm than good to their unborn child. These women need the guidance, assurance, and understanding that will allow them the opportunities to fix the problem, if not for them, for their children.

Who do Social Workers protect? Examining the laws is difficult for social workers because of the moral and ethical dilemmas surrounding pregnant substance abusing women. The fact is social workers cannot force women to go to the doctors to get the prenatal care they need because of the possible dangers of creating more legal problems for the women. But, they also cannot sit by knowing that these women are doing harm to their unborn child. Does the social worker take into consideration the mother, or speak for the unborn child who cannot do anything? For social workers, these are some of the many
dilemmas they struggle with each day because the laws regarding these sorts of issues are undetermined and unclear. The hope is that there will be more programs these women can enroll in that will not only help them get clean but also teach them the importance of knowing how to care for their unborn child. If these programs were more in existence, social workers would have more options and places they could refer their pregnant, substance-abusing clients to that would be optimal in dealing with these concerns. The problem is that these types of programs exist few and far between the various other drug and alcohol programs.

The purpose of Sun's (2004) article was to show examples of how substance abuse treatment programs need to be more geared towards women, more specifically, pregnant women. This is because typical treatment centers do not go into depth with the type of information that would be useful to a pregnant woman. Using frameworks based off of social work intervention roles, researchers have been able to come up with a type of program that would be more fitting to what a pregnant substance abusing woman would need in order for her recovery to be successful and long lasting. Sun (2004) determined the
first role would be a teacher. In this type of environment, sharing information about nutrition, medical conditions, and contraception, prevention, and unwanted pregnancy would be useful to a woman who otherwise doesn’t have any way to get this type of information. The second role Sun (2004) came up with was would be that broker or case manager. This might need to be extensive, including access to numerous outside resources and trainings, educational classes, and even legal help. The third role that is important to pregnant substance abusing women would be that of clinician. This person would address psychological issues such as mental disorders, depression, guilt, the importance of social supports, and gaining self-efficacy. The fourth role would be mediator. This person would help to handle conflicts and problem solve with the woman when problems and issues arise. The last role would be advocate. This person would help the women advocate for better policies and laws pertaining to substance abuse while pregnant. The laws are very unclear as to whom, if anyone is responsible and who to put the blame on. Women often feel helpless, hopeless and worthless in these situations and in trying to making things right. An advocate would help
to steer the women in the right direction and help them along the way (Sun, 2004).

Another study was used to explore the three different ways in which society addresses the issue of pregnant substance using women (Chavkin, 1990). The first issue of concern for society that Chavkin (1990) came up with was that of child neglect and protection. When a pregnant woman enters a hospital to deliver, she was assessed right away for any possible illicit drug use suspicion. This included assessing and checking both mother and baby for clinical problems or concerns. This would include inadequate prenatal care, mothers under the age of twenty, the neighborhood and/or community environment in which the mother lives, and most importantly, a positive neonatal toxicology screen. If illicit drug use is suspected and confirmed, the hospital staff will make a call to Child Protected Services (CPS). It is then that CPS steps in and handles the case from there, making decisions about supervision, protection and possible foster care placement for the newborn. The concern now becomes an issue who to help. There is the mother, who is being neglectful but has a problem, or the baby who needs love and support that could possibly have
a long list of health problems awaiting it. This brings up the second issue addressed by Chavkin (1990), which was criminal prosecution of the mother. Should these mothers be punished for their actions? Society will go back and forth over this issue forever. "The vision of addiction as a medical or criminal matter is a critical one, not only for the obvious policy implications, but to the logical consistency of the criminal justice system itself," (Chavkin, 1991, p. 485). It is discussed in the article that it is a possibility that women who use illicit drugs do not get prenatal care for fear of being turned in for their drug use.

The last society issue to be addressed by Chavkin (1990) was drug treatment during pregnancy. Pregnant substance abusing women need as much help, if not more, than other substance abusers that get a second chance with various programs aimed at helping them kick the habit. Along with drug classes, these women also need aid in parenting skills, help with day care, preparing for jobs, and learning to take care of themselves. Chavkin, (1991) implies that there needs to be more of an understanding of how society views these women and the
choices they made, either outright or because of fear of no other option available.

Difficulties on Assessing Treatment Programs

The purpose of this study (Salmon, Joseph, Saylor, & Mann, 2000) examined the effectiveness of the treatment interventions, maintaining abstinence, and the compliance of the substance-abusing women to get prenatal care. Along with this, researchers wanted to examine the association of services provided and the ability of the women to remain abstinent from illicit drugs and/or alcohol. Salmon et al. (2000) expresses the difficulties pregnant women have in finding a treatment program detailed to their individual needs. Pregnant substance abusing women are starting to rise in numbers, yet they are still underrepresented in treatment facilities because of the special concerns and needs they have.

The women involved in the study were interviewed and also given the Parenting Stress Index study to look at their perceptions, stress levels, and coping strategies. Once the study began, the women were provided with treatment services, childcare, transportation, counseling (both individual and group), educational classes and
referrals to mental health and housing authority if need be. The findings of this study showed that the women were able to abstain from illicit drugs and alcohol with help from the other women in the program, the staff members providing support and education, and also the coping skills they were taught while in the program, (Salmon et al.). The model that was used to help these women was the Social Stress Model of Substance Abuse, which was able to aid the women in identifying their stressors, the need for coping skills and knowledge to resist the drugs or alcohol.

In the study by Jessup et al. (2000), the authors showed there were many barriers as to why women might choose to not get help with their pregnancy early on. First, women are fearful of legal actions from helping institutions and programs. The women understood that prenatal care was important and necessary, but they also knew their behaviors and actions were bad, which could cause a number of legal actions to be taken against them. Secondly, a good majority of substance abusing women felt lost and unable to assess the help they needed because of being unaware of where to get the information and resources they needed. These women were left to figure
things out on their own in regards to where to get services, the cost of services, time, and availability. Along with that comes how these women are perceived from society, and their morals and values that were being questioned minute after minute. Third, when these women did find a treatment program, time and time again, they were not admitted because they were pregnant and most treatment programs did not allow that.

The sample included 36 women from 15 residential substance abuse treatment programs for pregnant women located in communities in Northern California. The researchers used a qualitative analysis from the semi-structured interviews that consisted of the question: please tell about the period of time before you entered treatment. Following these questions were more probe-like questions that enlisted information about treatment, learning about getting pregnant and the women’s fears. The findings of the study were that these women had many fears related to barriers to getting help, (Jessup at al.). Findings revealed that these women did not just make a decision against getting prenatal care, but rather they felt as if there wasn’t anywhere else for them to go. The women wanted to get the help and support
they needed to take care of them and their babies; they just did not have the resources to access the help.

Carten (1996) completed a study that evaluated 20 past cocaine and crack users whom initially had open CPS cases due to their drug use or positive drug toxicology screens on their newborn infants at time of birth. The women in the study had completed and been discharged from a treatment program, and had no new CPS reports. In doing the client interviews, Carten (1996) found there were many reasons why the women started using the drugs in the first place. Some of the women found themselves hooked on the drugs as a result of an accident, others had easy access to the drugs in their neighborhoods, past traumas, unhappy relationships with significant others, and even feelings of despair and being distraught over their futures.

The purpose of the study was to look at the usefulness of the interventions taught through the Family Rehabilitation Program, which served as an alternative to placement. Located in New York, the program sought to give participants intensive in-home care, follow up and referrals to the community, and assess the mother’s willingness to work towards recovery and the ability to
make decisions for themselves and well as her child. The program consisted of comprehensive services including drug treatment, drugs tests, individual, group and family counseling to work through past, present and future issues, health care and much needed classes on home management and parenting. The findings of the study showed that the women gained much needed information, had deeper positive connections with staff, no more CPS reports at time of interviews, and it was the impression of the women that the alternative to this program would have been much more difficult on them with less progress and overall results, (Carten, 1996).

Theories Guiding the Conceptualization of the Study

It is thought that a person's feelings and behaviors are a direct response to how they relate to their physical and social surroundings, meaning their self-efficacy of how they feel about themselves (Bandura, 1993). Therefore if one is in a positive state of mind and has positive influences surrounding them, everything else in their life will be aligned. The problem for pregnant/postnatal women who are abusing substances is they are surrounded by negative influences. Through
Social Learning Theory, women can observe others and immerse themselves in positive environments, which will reinforce to them, the need and want to change.

The idea of Social Learning Theory driving this concept is that by learning to observe others in a positive and life enriching program surrounded by other individuals, who not only understand but identify with one another, the women will support and encourage each other. In this program, the participants will learn rewards and consequences of their behaviors, pick up the positive behaviors of others, and they will want to be role model for one another. By using this theory, women abusing substances could be moved from a state of destructive and negative behaviors to personal development and modified behavior. By engaging and learning by watching others, the women would be able to learn the tools and skills necessary to lead a better, more positive way of life. Using Social Learning Theory to guide this concept in a treatment program, the women will grow in their life and their continued commitment to surround themselves with positive people, behaviors, and thoughts.
CHAPTER THREE

METHODS

Introduction

This section of the paper will present and overview of the research methods used throughout the study of the effectiveness and satisfaction of a treatment program. Attention was addressed on the evaluation of the program the women were enrolled in, the study design that was utilized, as well as the data collection process and procedures. The researcher also gave full details about the protection of human subjects and the informed consent and debriefing statement that is a vital part of conducting the research itself. This chapter concludes with an overview of issues pertaining to qualitative data analysis.

Study Design

The purpose of this study was to conduct a program evaluation of the satisfaction and effectiveness of a current substance abuse treatment program. Related literature has suggested that numerous women continue to use and abuse drugs and/or alcohol because they do not know where to go for help, difficulty with treatment
programs conflicting with their already hectic and unpredictable schedules, and fear of legal problems. This study explored if those worries and concerns were eliminated or exaggerated after enrolling in a program that taught women how to break the cycle of substance-induced pregnancies.

The study employed a qualitative design, with in-depth face-to-face interviews with twelve women who were enrolled in a treatment program in East Los Angeles County. It was thought that face-to-face interviews were the most practical way to effectively gain the perceptions of the women enrolled in the program. This interview design allowed the participants to feel important and necessary to the study, thus making it easier for them to talk about their perceptions and effectiveness of the program itself. Talking face-to-face to an interviewer helped the women to understand why the information was important to the study. It also enabled the participants to give more accurate and detailed information. The problem with qualitative design was the interviews were face-to-face, and therefore more intrusive to the women’s lives. It appeared that some of the women were uncomfortable at first giving their
perceptions and thoughts about a program they were enrolled in at the time. The women did not want to get in trouble, or talk openly about their concerns and objections if it meant repercussions later. By not asking the participants any identifiable information, the women were more comfortable and felt at ease answering the questions without the idea of any perceived judgment or wondering what could happen to them in regards to their spot in the program. The women realized they could say what they really felt and the director, staff members, or other women would not know for sure exactly who said what and why.

Due to such a small population to sample as a result of limited numbers in the current program, this study is not intended to be a representative of the general population perspective. Rather this study intended to represent the thoughts and feelings of the women who participated in the study to share their ideas with others who might be going through some of the same emotions and concerns.
Sampling

The sample for this study consisted of twelve women who have had children in the past while they were abusing substances at the time of their pregnancy. The women consented to participating in the study before the interviews took place and they had the option to stop answering questions at any time. All the participants selected for this study were enrolled in a treatment program at Mariposa House, a program of Mid Valley Recovery Services, located in East Los Angeles. The sample of women was chosen because they were currently enrolled in a program that gave them tools and skills necessary to change their lifestyles and better their lives. Therefore, since these women were the ones in the program, going thorough the changes, they were the best ones to judge if their needs were being met by the program. The women were the ones to evaluate if the program was doing everything it could do to help to educate, support, and empower the women in their daily struggles to change behaviors and learn new coping skills for the future.
Data Collection and Instruments

The data collection for this study was done directly from interviews that took place with women enrolled in a treatment program in East Los Angeles. The interviews included questions regarding social support, self esteem, and their satisfaction and effectiveness of the program in which the women participated in. The general questions and topics that were addressed were about how the women felt entering the program versus how they felt after being immersed in the program. Did the women get the support and education they feel would benefit them later on? Did they feel as if their needs were being met? What if anything, did they want changed or added to the program in the future?

Procedures

The face-to-face interviews were conducted one-on-one with the group of women during their groups over several different days. Permission was obtained through the Mid Valley agency administration before the researcher went out to the home where the women lived. Informed consent was passed out separately and explained to the women one on one, before the interview started.
Confidentiality was explained fully to the participants and was notified that neither the study, nor the researcher was asking for any identifiable information of any kind, including name or chart number. Completion of the interviews from start to finish took no longer than twenty minutes and lasted on average fourteen minutes. After completing the survey, participants were given a debriefing statement, which they were able to take with them. This debriefing statement informed the women of the study they just completed and participated in. Included on the statement was the phone number of the advising professor in case of questions of concerns about the study and/or survey.

Protection of Human Subjects

The primary concern for this study was the confidentiality and protection of the participants involved in the study. At no point in the study did the researcher know any identifying information about the women. The interviews did not require names, contact information, information from charts and files, or any other identifiable information. During the time in which participants answered questions as part of the interview,
they were informed that they could refuse to answer any questions they are uncomfortable with, or have problems with. Also, the participants had the understanding that they may withdraw from the study at any point in time, if they wanted to. As part of the debriefing statement that was given to them, participants were given the name and phone number of the faculty advisor overlooking this study. It was explained to the participants both on the debriefing statement and verbally, that at any time, participants could call to talk with the researcher’s school advisor if they felt any distress as a result of being a participant of the study.

Data Analysis

This study used a qualitative study guide to analyze the data. Once the interviews were completed, descriptive statistics were used to describe and summarize the sample characteristics. After the information was provided from the participants, the information was coded into categories and themes of satisfaction, social support, effectiveness of the program, and the overall feelings about the program.
Summary

This study evaluated the perceived level of satisfaction and effectiveness of a substance abusing treatment program for women from the eyes of the participant's. This study will be used to further our understandings and expectations of women enrolled in such a program. Throughout the chapter, an issue of study design, sampling, and data collection as well as protections for the participants in the study was addressed. It was the utmost intention of the researcher to not only protect the participants, but also inform them of their rights while taking part in the study.
CHAPTER FOUR

RESULTS

Introduction

In this study, twelve participants from Mariposa House, a program of Mid Valley Services located in Los Angeles, California were interviewed to explore and identify the factors that contributed to the perceived satisfaction and effectiveness of their drug and alcohol treatment program. The following tables and their content represent the qualitative outcomes of this study. The outcomes are further delineated, interpreted and discussed at length in chapter five. The following qualitative outcomes were guided by the fundamental questions of this study: What was the perceived satisfaction of the women enrolled in the treatment program? What was the perceived effectiveness of the program for the women? This chapter reports the findings of the study.

Demographics

All of the twelve participants for this study were female and over the age of eighteen. The ages of the women ranged from 18 to 56, with a mean age of 29. The
women volunteered to participate in the study. From January to March there were 20 participants that were enrolled in the Mariposa House treatment program through Mid Valley Services, and only 60% of the women wanted to be a part of the study. Throughout the many trips to conduct the interviews, 40% of the participants declined the interview process and did not want to be a part of the study.

The ethnic makeup of the participants was 6% African American, 24% Caucasian, and 70% Hispanic. The education level of the women enrolled in the treatment program at Mariposa House ranged from high-school drops-outs to a college grad. The breakdown is as follows: 33% of the women dropped out of high school, 25% of the women graduated high school, 17% took some college classes, 17% of the women completed and obtained their GED, and 8% of the women enrolled in the program graduated from college.

The participants for this study were all living at the Mariposa House treatment program in East Los Angeles at the time the interview was conducted. As a result of the women coming and going into to the treatment program at different times, some of the women were newer to the treatment program than others. Some of the women were
only at the treatment program for a week, while several of the women were close to graduation from the program, having been there for over three or four months. The length of stay for the women depended on their income source (blocked grants, Prop 36 monies, Department of Children Services monies, private funds, etc.), as well as how well they were doing in the program, if they were benefiting from the program, and also group and house milieu. Therefore, the experiences and feelings of the women were unique and independent from one another as they were all in different stages of the program at the time of interview with the researcher. The interviews were conducted by the researcher from January of 2008 through March 2008.

Presentation of the Findings

Based on the interviews and research conducted, there were five common components that contributed to the client’s perception of satisfaction and effectiveness of the treatment program at Mariposa House. The interview questions were used to gather information about the women and what they felt was aiding them in participating in a treatment program and being successful at it. Five themes
were developed from the responses of the women and, these themes were then broken down into categories, which are shown in tables 1 through 5 and represent the client's perceptions.

Table 1. People

<table>
<thead>
<tr>
<th></th>
<th>Times a client mentioned the category</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff at the treatment facility</strong></td>
<td>24</td>
</tr>
<tr>
<td><strong>Other women also enrolled in the treatment program</strong></td>
<td>19</td>
</tr>
<tr>
<td><strong>Outside family/friend support</strong></td>
<td>9</td>
</tr>
</tbody>
</table>
Table 2. Tools

<table>
<thead>
<tr>
<th>Tools</th>
<th>Times a client mentioned the category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learned things unknown to them before entering the treatment program</td>
<td>17</td>
</tr>
<tr>
<td>Positive group interactions and bonding</td>
<td>11</td>
</tr>
<tr>
<td>Learned how to deal with others</td>
<td>5</td>
</tr>
<tr>
<td>Learned about recovery issues and relapse prevention</td>
<td>14</td>
</tr>
<tr>
<td>Learned to speak up for themselves and speak their minds on various issues and topics</td>
<td>7</td>
</tr>
<tr>
<td>Learned to depend on themselves and stand strong</td>
<td>18</td>
</tr>
<tr>
<td>Groups and classes on anger management, coping and communication skills, and self esteem building</td>
<td>9</td>
</tr>
<tr>
<td>Educational material</td>
<td>13</td>
</tr>
</tbody>
</table>
Table 3. Environment

<table>
<thead>
<tr>
<th>Environment</th>
<th>Times a client mentioned the category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistency, structure, and rules</td>
<td>13</td>
</tr>
<tr>
<td>Unity between the residents and unity between the residents and the staff</td>
<td>16</td>
</tr>
<tr>
<td>Positive connections and understanding</td>
<td>27</td>
</tr>
</tbody>
</table>

Table 4. Self-focus

<table>
<thead>
<tr>
<th>Self-focus</th>
<th>Times a client mentioned the category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-reflection</td>
<td>23</td>
</tr>
<tr>
<td>Dealing with individual needs and issues</td>
<td>13</td>
</tr>
<tr>
<td>Putting self first</td>
<td>16</td>
</tr>
<tr>
<td>Personal growth and self-respect</td>
<td>8</td>
</tr>
</tbody>
</table>
Table 5. Strength and Higher Power

<table>
<thead>
<tr>
<th>Category</th>
<th>Times a client mentioned the category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal willpower</td>
<td>9</td>
</tr>
<tr>
<td>Higher Power/God</td>
<td>14</td>
</tr>
<tr>
<td>AA/NA and/or sponsorships</td>
<td>17</td>
</tr>
</tbody>
</table>

Summary

The responses reported in this chapter were obtained from twelve face-to-face interviews of women who were in a treatment program as a result of using drugs or alcohol while pregnant with a child or endangering a small child from their substance use. Interview content and notes were transcribed and analyzed for common themes. The common themes were examined to reflect on the feelings and thoughts the women felt contributed to their perceived satisfaction and effectiveness of the program they were enrolled in. A total of 5 themes were developed from the responses of the women and from there, these themes were then broken down into categories, which were shown in tables 1 through 5.
CHAPTER FIVE

DISCUSSION

Introduction

After analyzing the responses of the participants involved in this study, five components of perceived effectiveness and satisfaction among substance abusing women in a treatment program were developed to report the common themes that emerged. The first component of people that emerged included the themes of (1) staff at the treatment facility, (2) the other women enrolled in treatment program and (3) outside family and/or friend support. The second component was tools and the things the women (1) learned after going into the program. They learned (2) positive group interactions and bonding, (3) how to deal with others, (4) recovery issues and relapse prevention, and (5) to speak up for themselves and speak their minds of various issues and topics. The women also (6) learned to depend on themselves and stand strong, and the (7) groups and (8) education material that the women used to help them day to day deal with their issues. Environment was the third component that entailed (1) consistency, structure, and rules of the
treatment program; (2) the unity between the residents with each other and well as with the staff, and (3) the positive connections and understanding the women got from one another. The fourth component that was a positive influence for the women was self-focus. In this component, the women identified (1) self-reflections, (2) dealing with individual needs and issues, (3) putting themselves first and (4) the personal growth and self respect the women learned as a result of being in the program. The fifth component was strength and higher power, which entailed (1) personal willpower, (2) higher power/God, and (3) AA/NA and/or sponsorship that had a huge impact on the women.

Discussion

Other People were an important component of the treatment program at Mariposa House because of the connections and support of one another that allowed the women to learn, grow, and change. Having those positive influences and knowing the women could turn to a staff member or another woman in the program meant they were learning to create positive influences around them. Ultimately, the women were learning to surround
themselves with the people that will help them make positive choices in the future. This connection is not just for the moment and while the women are in the program, but lasts long enough for the women to see how to align themselves with other people that have positive influences, and want them to become positive citizens in the future. This is an important aspect to understand so the women don’t find themselves in negative situations once they leave and are on their own. The group of people that have such an impact on the women shows that they are learning to trust themselves and learning to make positive changes in their lives.

**Staff at the Treatment Facility**

The staff was the biggest influence for the participants because they felt the connection, saw the care and concern, and looked for the guidance that would help them move from one end of the spectrum to the other. “Staff’s positive attitude towards women is critical in enhancing their self-efficacy,” (Sun 2004 p. 387). This allows the women to feel more comfortable as well as seek out staff members when they are having a difficult time. Several women reported that it was the staff that made the women feel more comfortable, and able to open up
about past problems, or what got them to the program in the first place. The women reported they liked that the staff had been past users or abusers because the staff then understood the women's point of view and where they were coming from. The participants felt the staff knew the struggles the women were going through and the struggles they would continue to have in the future. This was a reassurance to the women to know they were not alone in this fight against drugs and alcohol.

Other Women Enrolled in the Program

Connecting with the other participants helped the women to know they weren't alone, and they had people to share similar experiences with. Being in a program and away from other friends and family members is a hard thing, but knowing there were eleven other women who were feeling the same, was a relief. These women in the program come into the program alone, scared, unsure of themselves and unsure of the world, but after being with the other participants, they realize they don't have to be those things. Making positive friends and connections is a difficult thing when you are a user, but being in an atmosphere where you are surrounded by positive, clean influences, you realize this is a necessity to preventing
relapse and staying clean. Salmon et al. (2000, p. 347) explain, “Strong social support was described as a ‘sisterhood’ and included the ability to talk without being judged, having others who have similar experiences, shared knowledge and getting inspiration.” Being surrounded by the other women in the treatment program, one can learn valuable and unforgettable lessons they otherwise wouldn’t have learned, like to support and trust in each other, and take things at face value. This will be an important influence in the future of these women.

Outside Family/Friend Support

Several of the women interviewed stated that the friends or family waiting for them was an important factor in getting clean and sober. The women wanted to have the relationships and connections they did not have an opportunity to have in the past because of the drug and alcohol use. Knowing that these women did have people to lean on and help support them, was a contributing factor to the participants wanting to make a change in their daily lives for the better. It was the support of their families and friends that allowed the women to continue in their fight against the drugs and/or alcohol use.
and become the people they always wanted to be. For the participants of this treatment program, knowing that they had people in the fight with them and wanting them to succeed in their treatment was the difference between wanting to change and having to change. Carten (1996) suggested the encouragement of family and significant others in the program helped to create an extended support system for the women.

The tools and skills the women learned while being a part of the treatment program at Mariposa House are things the women did not know or have before they entered the program. The women were able to teach and learn from one another in a positive environment that would allow them to grow and make huge changes in their lives. These tools and skills were an important aspect of the program because they are tools that prevent relapse, and are going to help prevent the women from going down that negative and dangerous path they all started from. In order for the participants to create a new life, cope with the daily stressors, and continue in their new outlook on life, they need to learn new tools and skills that will enable them to engage in a positive and successful direction.
Learned Things Unknown to them Before Entering the Program

The women who participated in this study said they did not know how to live their lives, they did not know how to do certain things, and they did not know any better than the lives they were living. By being in this treatment program, the women opened themselves up to an unfamiliar world where they were unsure of themselves and everyone around them. The women were able to hear and see things in a different approach and understand how things did not have to be the same as they were before they came into the treatment program. The women were able to experience new things and be a part of positive things that had a positive impact on the women and the changes they wanted to make in their lives for the future.

Positive Group Interactions and Bonding

For some of the participants, being in the program was the first time they were in a positive environment with people actually concerned with their actions and feelings. These women came from all different places and situations. For some it was jail, some the street, a drug house, or even right down the street in an apartment. In the house, the women were all in the same situation and
could relate to one another. The interactions and bonding that went on in the house showed the women that things did not always have to be difficult or complicated, but rather there are people who they could turn to when they were having a bad day. The positive feelings and bonding will carry over to when the women are out on their own, coping in their new environments because they now know what positive support looks and feels like.

**Learned How to Deal with Others**

Dealing with twelve women at the same time can be rather difficult and unnerving at times, however, this was a daily occurrence for the participants of the study. The women did everything together from cleaning and daily groups to cooking and watching television. They had to learn how to get along with each other. For most of the women being in this environment where they were thrown in with a group of women was new to them, and something that most found difficult to do at first. The women learned to put their feelings and emotions in line, learned when and how to say things to others, and learned how to embrace positive social skills. The women were able to learn positive coping and social skills that most people learned as they were interacting with others. The women
missed out on these social and coping skills because they were using and abusing drugs and alcohol. This tool not only helped the women as they were going through the treatment program, but also as they are re-entering the world and trying to find new ways of dealing with others in difficult or uneasy situations.

**Learned about Recovery Issues and Relapse Prevention**

Relapsing on drugs and alcohol is something that each one of these participants is going to be faced with at some point in their recovery. Making these issues known and being open about them in groups was how many of the women first learned about their disease and how it can control their lives if they don’t learn how to control it first. The participants stated that learning about recovery and hearing it first hand from other people helped them to be more accustomed with what they could be going through once they were done with the program. Talking about relapse and putting it out there for the women is a tool that they will carry with them as they find new ways of coping, and find new outlooks on life. Grant et al (2005 p. 473) explain “Assisting women in obtaining alcohol and drug treatment and staying in
recovery, and linking them with comprehensive community resources will help them build healthy, independent lives," thus showing that the women need guidance to ensure they have all the useful and necessary information. This problem is never going to go away for the women and it’s something that they have to always think about. Knowing they aren’t alone and it doesn’t have to be a huge secret makes it much easier to deal with.

Learned to Speak Up for Themselves and Speak their Minds

For most of the women in the program, standing up for themselves and speaking their mind was a hard thing to do. Some of the women found themselves in situations where they had significant others who were controlling, or pimps who would verbally or physically assault them if they hadn’t done as they were told. This left the women feeling hopeless, helpless and scared to verbalize their thoughts and feelings. Through the groups and interacting with each other, the participants learned they did have voices and they could use them. This was such a valuable skill and lesson for the women to have that will enable
them to speak their minds and to not be afraid to stand up for themselves once they leave the treatment program. 

**Learned to Depend on Themselves and Stand Strong**

Most of the women entered the treatment program broken, alone, and not knowing what to do for themselves. Being in the program with the help of the staff and other participants, the women learned how to be able to do things on their own: how to care for their own well being, and how to live healthy lives again. Most of the women depended on outside sources before they came into the program and did not always get the appropriate care. In learning to care for themselves and worry only about their issues, the women began to think about their futures and plan for what they are going to do and how they can do it.

**Groups/Classes on Anger Management, Coping, Communication and Self Esteem Building**

Learning new coping skills and ways of life not only helped the women deal day to day with their abuse issues but also helped them to plan ahead for the future. Before the women were enrolled in the program, many of them thought there was nothing wrong with the way they dealt with anger, stress, rejection, or self-esteem. Through
the classes and groups within the program, the women learned they were covering up past issues of hurt with the drugs and alcohol. Once the women came to terms with why they were using the drugs and alcohol to self medicate and ignore their problems, the women were taught new coping skills that would help them to sustain from the drugs and alcohol after they left the program. These skills and tools of coping and dealing were essential to relapse prevention and staying clean because it allows the women to address their issues in a positive way.

**Educational Material**

The classes and interaction of the women are as important as the reading material they are given. This material allows the women to take the information out and look it over as often as they need it to be available. For some of the participants, having the opportunity to read about their drug/alcohol abuse helped them to remember why they were in the program. This skill will help them to cope in the future and have a new outlook because they will always have the information with them when they need it.

The environment at Mariposa House was unique from anything the women had experienced before. Most of the
women came from situations where they did not have rules, regulations, nor did they want situations with that kind of structure. The women wanted to be free to do whatever they wanted, whenever they wanted, and not have to deal with the repercussions of their actions. While living at the Mariposa House, things were very different for the women, and were extremely difficult for them in the beginning. However they learned to understand why there needed to be rules and structure and why it was important for them to have positive influences and connections in order to benefit from the program.

Consistency, Structure, and Rules

Before the women came to the treatment program, they did not know or want to understand what rules were and why they were important. To the women, having their freedom to go and do whatever they wanted with whomever they pleased was their only concern. Through being in the program and having to deal with rules, structure and consistency, the women learned that they would have to abide by the rules and maintain consistency if they wanted to continue to be in the program. These rules and structure were not a source of power over the women, but guides to help them realize that structure is a necessity.
when they get out of the program and are on their own. These women needed to learn that other people weren’t going to go adjust to the women’s schedule but rather the other way around. When the women go to get a job, or an apartment, there are rules and structure they must abide by. These rules and structure help the women to set up their new lives and how to keep the structure they have been taught in order to be more productive and consistent in the world.

Unity between the Residents and the Staff Members

Having positive influences and people who truly care about what the women have to go through was a new concept that took the women some time to adjust to. Most of the women were familiar with people out on the street who only did things if it benefited them. These people weren’t concerned with who they hurt to get what they wanted. The women always had their guard up around other people and concerned with the underlying motives of what someone was really doing. Once the women became adjusted to wanting that unity with the other women and staff, they realized what they had been missing in the past. The women realized that they could have good relationships with other people who only wanted the best for them. This
skill not only helped the women through the rough times in the program but helped the women to see what they want in their lives all the time and the differences that they had before. The unity that the women shared with one another and staff is a positive way to prevent relapse because they have those connections and relationships they could rely on when they are having a difficult time dealing with issues. As well, this skill will help the women to make positive new friends because they will know and understand the assets and qualities they are looking for in a positive friend.

Positive Connections and Understanding

For the first time in a long time, the women involved in the Mariposa House had positive influences in their lives that only wanted the best for them. Grasping this idea was difficult for the women since they were used to people with selfish motivations. Towards the end, having positive influences in their lives was a trait the women needed and ultimately were looking for. "A core part of this model is that individuals are better able to cope with stress if they have positive social networks with their families, co-workers, and peers," (Salmon et al. p. 243). Having those positive connections and
understanding from others going through the same program helped the women to see that they weren’t alone, and that together they could help one another to make the positive changes that would help to redefine their lives. This was an incredible skill and tool for the women to have once they are out on their own. This was going to help the women prevent relapse by searching out only positive influences and relationships and being able to walk away from negative people and negative influences which might cause them to relapse. The women felt strong and reassured for the first time in a long time, which was going to carry over to their new lives and enable them to make positive choices around them in the future.

Self-focus and discovery allowed the women to learn things about themselves that they had forgotten, suppressed, or had never known at all. These themes gave the women an understanding they were looking for, or did not know they needed in order to get past thoughts and feelings from the past and move to thinking about their futures and what they want. The women learned self-focus and discovery through their groups, interacting with the other women and staff and really taking a better look at themselves to see what was important to them and why.
Self-reflection

Most of the participants stated they used their time in the treatment program to think things out and figure out what they were going to do with the rest of their lives. Through the groups and classes, the women learned what they needed in order to be successful at staying clean and sober and they took the opportunity to plan things out. This tool the women were given allowed them to think about what they want in their future rather than someone else dictating to them how to live. Learning that change is possible and attainable, the women were able to reflect on their lives and see where change was needed and how to go about and do it.

Dealing with Individual Needs and Issues

Not dealing with past issues was one reason the women found themselves in this situation in the first place, so it makes sense that this is something they wanted to correct. Most of the participants noticed that they needed to deal with past issues and/or needs in order to be more confident, continue with their progress, and look forward to their future. During a good number of interviews, the women became tearful and had remorse for not dealing with their issues in a more positive way.
They felt that they wanted to address these concerns so that they could graduate from the program having a clean slate and knowing they did everything they could to make things right, and, knowing they did it for themselves and no one else.

**Putting Self First**

For the participants, putting themselves first was a difficult task to accept and embrace. In the beginning, the women would want to help others, or put their attention and efforts to other tasks, instead of making themselves a priority. This happened because the women did not know how to worry or care about themselves. Before the program, the women found themselves answering to other dominant people who would tell them what to do, what to feel, and what to pay attention to. Working on themselves and improving what they wanted, allowed the women to see they had the control over themselves and they needed to put themselves first. The women learned they weren’t any good to their families and children if they did not care for themselves first and make them whole. This is a perfect way of looking at the future because it allows the women to see they are just as important as anyone else in the world and they have a
right to be happy. Being happy in turn is going to make the women seek out friendships and positive influences where feelings are returned to them and not expected of them.

Personal Growth and Self-respect

A few participants noted that they did not have any self-respect before they came to the program because they had been told over and over again they weren’t any good and did not deserve respect. A few of the participants did not know what personal growth was because they did not know if they would make it through another day alive. Being at the Mariposa House and going through the groups and classes, the women learned they did deserve respect and by just going into the program was personal growth for these women. Most of the women had very low self-respect and did not know any better. However, by the end of their stay at Mariposa, the women realized that self-respect and personal growth was alive in all of them. The women were able to leave the house holding their heads up high knowing they did something for themselves and no one could take that away from them. This is a very important tool for the women to learn for the fact that their self-respect and growth is what is
going to help them stay drug free. Knowing that they did something on their own with the tools they were given is bigger than can be described. These women learned that determination and respect go further than any other tool or skill that can be given to them because those things needed to be earned.

The idea of strength and higher power is one that allowed the women to believe and achieve great changes in their lives at a time where they could have chosen to go either way. The great thing about higher power is that, although it was different for participants, the overall idea was one that affected all of them. They achieved a common bond that helped them through the different stages of change.

Personal Willpower

Gaining the strength and knowledge to make change is difficult and stressful, all at the same time; each woman did it in her own way and time. Some of the participants came into the program knowing they could make the change to sober living, while others really did not believe they had it in them to do it. Personal strength and willpower allowed each woman to make the necessary change in her own time, with her own goals and desires, and with the
strength to mess up along the way. This skill will continue to be one the women will draw upon as they leave the program and live their lives drug free. This tool alone will give the women a new outlook on life and a new way of coping daily with what is going on.

**Higher Power/God**

Turning to a higher power or God allowed the women to admit they couldn’t make these changes by themselves but rather needed someone or something that’s stronger than them to help make these changes. For the participants enrolled in the Mariposa House, having a higher power or God allowed them the hope that there was something higher than them to show and guide them to make positive changes and to see where they messed up in their lives. Surrendering and admitting they needed help, was a way for the women to know they were alive, were human, and that although they had made plenty of mistakes, they were going in the right direction in making amends for those mistakes. This tool of a higher power or God that the women so often turned to is what will help them stay honest and make the best choices for themselves when they are gone from the treatment program in the future.
Alcoholics Anonymous/Narcotics Anonymous and/or Sponsorships

For the women having AA or NA was an extension of the treatment program, through guidance, reassurance, and acceptance. It allowed the women to interact with others who are going through and experiencing the same things they were. Having sponsorships through AA or NA allowed the women to have the one on one attention that gave them even more of a reason to get clean and sober so they could do the same thing for someone else who was in their shoes at one time. Being in AA and/or NA was a bond that showed the women their experiences through different situations and environments were the same and they too could overcome their past to have a positive future. AA/NA and sponsorships are an excellent tool for the women to have in the future when they are on their own because it’s an immediate connect and support that is often needed during a bad day, week or month. This will help prevent relapse in the future in that there is always a group waiting at the time in which the women might need it.
Limitations

There are several factors contributing to the limitations of this study that affect the larger population. First, the sample size of the study is twelve and therefore does not capture the diversity of women who abused drugs or alcohol while pregnant across the world. Participants for the study were only recruited from one small agency in one general location, therefore does not represent the majority of women in the world who abused substances while pregnant. Second, there were a handful of women within the agency that chose not to be a part of the study, and could possibly have had a different insight and therefore, could have caused a difference of opinion and shown a difference in the data that was collected. Because the women in the group self selected whether or not they wanted to participate, the validity of the study both external and internal was affected.

Another factor that could have contributed to differences in the data of the study was that the women who were interviewed were at different stages of the program. Some of the women were just starting the program at the time of the interview process and might not have known as much as someone who was to be graduating shortly
from the program. This could give entirely different answers and results depending on what stage of the program the women were at, if they were happy with the program at the time of interview, and how effective they felt the program was on the day of interview.

Lastly, another factor that could have contributed to the study not being representative of the population could be that although the researcher did not know who the women were by name or identifying information, the agency did. The women might have felt that if they participated in the study, it could have helped or hindered their spot in the agency program. Therefore, the women might have felt they needed to sound more positive for the agency to look better, or if they did not care about how the agency looked, they might have talked poorly about the program and what they were or weren’t learning as a result of being enrolled at Mariposa House treatment program.

Recommendations for Social Work Practice, Policy and Research

Social workers should take and use the information from this study to gain a better understanding of women who abused substances while pregnant. To understand what
they went through and the components that lead to perceived effectiveness and satisfaction of their treatment program is to get a better understanding of why they were in that situation in the first place. Based on the interviews in this study, there are five components that contribute to protective factors against risk factors for relapse and repeating the same cycle over again in the future. Those components of tools against relapse from the participants’ points of view include people, tools, environment, self-focus, and strength/higher power.

The factors that contribute to people for tools against relapse that need to be fostered would be supportive staff members who the women can talk with and get encouragement from, other residents whom the women can feel open with and not be judged by, and support of outside sources such as friends and family that can encourage the women to continue in their fight against drugs and alcohol. In terms of social workers, they can forge these connections and social supports with the women and create an opportunity for the women to discuss in detail their fears, concerns, and goals for the future. It is within these connections, networking, and
resources available through social workers that women enrolled in a treatment program like Mariposa House could have a positive influence and connection that will allow them to succeed in the program.

The factors that contribute to tools in regards to relapse prevention are teaching the women things they did not know before, positive group interactions, learning about recovery and relapse prevention, showing the women how to speak up for themselves, depend on themselves, and teach them new coping skills and educational materials. Social workers have the innate sense of self that allows them to educate and empower at the same time, and this is exactly what woman in a treatment program need. Substance abuse women need reassurance, acceptance, and understanding to show them how to turn over a new leaf, do things for themselves, and show them how empowering these things can be.

The factors that contribute to environment being a tool against relapse would be gaining the consistency, structure and rules that were once lacking for the women, show them the unity that there is between others like them and how important it is to have positive connections and understanding amongst one another. These elements of
environment can be provided through group facilitators educating, highlighting, and reminding the women that they are better off than when they started the program. To show the women they have gained everything they need in order to make positive choices in their lives is like giving them their lives back with the resources and know how to deal with anything and everything that comes their way.

The factors that contribute to self-focus being tools against relapse are for group facilitators and the individual women to see that they have they have all the tools within them that will help them fight against drugs and alcohol in the future. As facilitators and educators, the staff can give the women the idea of putting themselves first, working on personal growth and self-respect, instilling the hope for the women to use the skills and tools they have been taught to better themselves.

The factors that contribute to strength and higher power for the purpose of relapse prevention are the ideas that the women have the power to do anything and be anything. The group facilitators have empowered the women with advocacy, strength, resources, emotional support and
encouragement, as well as hope to show the women that they can make it through this difficult stage in their life.

Conclusion

The participants in this study show that protective factors against risk factors are as important as they are necessary to lead to perceived effectiveness and satisfaction in a treatment program from the view of the women already enrolled in the program. This allows us to see what factors are important to them and why they feel that way.

The most important conclusion that came out of this study is that substance abusing women need tools against relapse that they feel will make lasting impressions on their lives in the years to come. The results of this study will allow agencies and professionals alike to better serve substance abusing women and their perceived effectiveness and satisfaction of the program. This will help address the women's needs now, and in the future to ensure they get what they need out of the treatment program.
APPENDIX A

QUESTIONNAIRE
Perceived effectiveness and satisfaction in a treatment program- Interview Questions

1.) How satisfied are you with the transitional housing program?

2.) How effective has the transitional housing program been to you?

3.) What did you liked the most about the program?

4.) What did you liked the least about the program?

5.) Can you tell me 3 things you learned from the transitional housing program?

6.) Can you think of anything that is missing from the program you would like to see added?
APPENDIX B

INFORMED CONSENT
INFORMED CONSENT

The study in which you are being asked to participate is designed to evaluate the participant’s perceived satisfaction and effectiveness of their current treatment program. This study is being conducted by Elizabeth Pickett under the supervision of Dr. Tom Davis, Assistant Professor of Social Work. This study has been approved by the Department of Social Work Institutional Review Board Sub-Committee, California State University, San Bernardino.

In this study you will be asked to respond to several questions and statements regarding your perceived satisfaction and the effectiveness of the program in which you are currently enrolled. The interview should take about 20 to 30 minutes to complete. All of your responses will be held in the strictest of confidence by the researchers. Your name will not be reported with your responses. All data will be reported in group form only. You may obtain the group results of this study upon completion in September 2008 at the Mariposa Treatment Program House in East Los Angeles.

Your participation in this study is totally voluntary. You are free not to answer any questions and withdraw at any time during this study without penalty. When you have completed the interview, you will receive a debriefing statement describing the study in more detail. There are no benefits to the subject or to others by completing this interview, and there are no foreseeable risks expected to the subjects as a result of being a part of this study.

If you have any questions or concerns about this study, please feel free to contact Dr. Davis at (909) 537-3839.

By placing a check mark below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

Place a check mark here □  Today’s date: __________
APPENDIX C

DEBRIEFING STATEMENT
**Program Effectiveness Among Recovering Substance Abuse**

**Mothers in a Treatment Program**

**Debriefing Statement**

This study you have just completed was designed to see if participants of the Mariposa Treatment program are satisfied with their current treatment program. In this study two areas were assessed: the satisfaction of the participants in their program and the effectiveness of the program to the participants. The study is particularly interested in the participant’s evaluation of the current program to see if those enrolled in the program are getting their needs and requirements met by the demands of the program.

Thank you for your participation. If you have any questions or concerns about the study, please feel free to contact Dr. Tom Davis at (909) 537-3839. If you would like to obtain a copy of the group results of this study, please contact the Mariposa Treatment facility at the end September 2008.
REFERENCES


