INTEGRATING PARENTING INTO SUBSTANCE ABUSE TREATMENT FOR VARIOUS POPULATIONS

In 1994, the Institute for Health and Recovery (IHR) in Cambridge, Massachusetts, developed the *Nurturing Program for Families in Substance Abuse Treatment and Recovery (Nurturing Program)* as part of a Center for Substance Abuse Prevention Demonstration Project called the Coalition on Addiction, Pregnancy and Parenting (CAPP). The CAPP project included an array of parenting and parent-child services at two women's residential substance abuse treatment programs in Massachusetts (Camp & Finkelstein, 1997). The *Nurturing Program* is a psycho-educational, group-based program that assists parents in strengthening their own recovery, facilitating recovery within their family, and building nurturing family lifestyles. It was developed in response to the documented connection between substance abuse and child abuse/maltreatment (VanBremen & Chasnoff, 1994), and the growing recognition that substance abuse treatment services for pregnant and parenting women were insufficient to meet their needs, particularly in relation to parenting, parent-child relationships, and other significant relationships (Camp & Finkelstein, 1997; Moore & Finkelstein, 2001).

Background and Development

The *Nurturing Program* is an adaptation of the *Nurturing Program for Parents of Children Birth to Five Years Old* by Stephen Bavolek, Ph.D. (1989). This original program was chosen for use in the CAPP project because it had demonstrated success at improving parenting skills and reducing risk of child maltreatment, and it had a validated measure of effectiveness, the Adult Adolescent Parenting Inventory (AAPI) (Bavolek, 1989; Camp & Finkelstein, 1997). Bavolek's program was adapted to focus more specifically on the particular needs of parents in residential substance abuse treatment. Program revisions included adaptations for literacy and cultural competence, the addition of new experiential activities, and a strong focus on addiction and recovery.

PRINCIPLES/DESCRIPTION OF CURRICULUM

With a focus on participants' strengths, the *Nurturing Program* is guided by a set of values and principles that include: a love of life and learning; respect for self, others and the environment; fun and laughter; recovery happens in families and relationships, as well as in the individual; parenting is a relationship, not solely a set of skills; and nurturing oneself is the first step toward nurturing others. It also is based on the relational principles of authenticity, mutuality and empathy that enhance and strengthen relationships (Finkelstein, 1996).

The *Nurturing Program* is made up of 17 weekly group sessions, 90 minutes in length. Throughout the sessions, group facilitators use a combination of experiential exercises and didactic approaches to help parents build nurturing skills and enhance self-awareness, thereby increasing their understanding of their children. For example, in the session on *Families and Substance Abuse*, group facilitators begin by exploring differences, prejudices, and strengths of families with group participants. After this exploration and a discussion of the effects of both substance abuse and recovery on families, group members participate in an activity where they create their own "family portrait." This is a symbolic picture of their families created with paints, markers, magazine clippings, etc, which allows participants to describe and define their family in whatever way they choose. After portraits are completed, group members form pairs and describe their portrait to their partner. Finally, each person describes to the group their partner's picture and family.

Throughout the sessions, parents explore their childhood experiences, fears, and strengths, as well as the effects of substance abuse on themselves and their families. They also explore individual processes of development as adults in recovery, with emphasis placed on recovery as a dynamic process, with movement through stages and re-working of issues. Parallels and differences in recovery development and children's development are highlighted. For example, a person entering recovery must, like an infant, build (or rebuild) a basic sense of trust, and become effective in asking for help.

Additionally, a *Family Activities Manual to Nurture Parents and Children* has been developed as a companion volume to provide age-based

activities for parents and children to do together. This manual includes a collection of playful and creative activities designed to include all members of the family. It also provides clear information to assist families in selecting, storing and using materials, in helping children participate, and in establishing enjoyable clean-up routines. The *Family Activities Manual* can be used in conjunction with the *Nurturing Program*. In addition, activities from Stephen Bavolek's *Nurturing Program for Parents and Children 5 to 11 years* can be used to provide structured activities for children throughout the program.

As parents focus on skills for understanding and responding to their children, they can rebuild a sense of themselves as capable parents. Practicing relational skills within the parent-child relationship allows parents to re-establish the strength of their connections with their children, so that parents and children can heal together.

Outcomes

The CAPP demonstration project generated very positive evaluation results. Significant improvements were made in all four domains measured by the AAPI: inappropriate expectations, lack of empathy, corporal punishment, and role reversal (Camp & Finkelstein, 1997). Significant improvements in self-esteem and mother-child interaction were also demonstrated at both original residential treatment sites (Camp & Finkelstein, 1997). Additionally, participant feedback was very positive. Upon group completion, one parent stated: "Most of what I learned had to do with ways I thought I should parent and that there really is no rulebook or manual to being a good parent. I also spent time learning about my child's boundaries." Another said, "I have learned that my child will learn different skills on her own time and not mine, and that I need to be patient and loving and supportive no matter what." Related to strengthening recovery, a program participant stated, I learned "how to have fun as a clean and sober person; how to recognize certain feelings and situations and how I can deal with them; how to interact with other people; and how to nurture myself, my family and friends, and feel comfortable with it." Another reflected that she learned "what nurturing is, how to nurture and care for myself as well as others; that I am a truly worthwhile human being who deserves safety, respect and happiness."

PRACTICING RELATIONAL SKILLS WITHIN THE PARENT-CHILD RELATIONSHIP ALLOWS PARENTS TO RE-ESTABLISH THE STRENGTH OF THEIR CONNECTIONS WITH THEIR CHILDREN, SO THAT PARENTS AND CHILDREN CAN HEAL TOGETHER.

Dissemination

Programs across the United States (39 states) and Canada have utilized the *Nurturing Program* in a wide range of settings, and achieved positive results in the areas of parenting, relationship and recovery. The program has been replicated in outpatient and residential programs serving both women and men, residential shelter programs serving women and men, community housing programs, prisons and jails, and programs that exclusively serve families whose children are in state custody.

In Massachusetts, the *Nurturing Program* is now used in the majority of women's residential and shelter programs funded by the Department of Public Health, Bureau of Substance Abuse Services (approximately 30 programs), as part of a range of parenting support and education services. IHR's team of Parent-Child Specialists (PCS), experienced staff knowledgeable in both substance abuse and child development, have worked for over ten years with staff in outpatient and residential substance abuse treatment programs throughout Massachusetts to co-facilitate parenting groups, and to provide consultation and technical assistance around parenting, parent-child relationships, and child development. IHR staff use a train the trainer model, in which program staff co-facilitate groups with a PCS, who trains them on the *Nurturing Program* curriculum and group facilitation. After the 17 group sessions are completed, the PCS leaves the program and the trained staff member is able to continue to facilitate parenting groups as new people enter the program, with continuing technical assistance and consultation available from IHR as needed. In addition, PCSs provide statewide training 2–3 times a year on facilitating *Nurturing Program* groups, and they provide information about parenting and the effects of substance abuse, mental illness, and trauma on parenting and the parent-child relationship.

Overall, efforts to build parenting capacity in the substance abuse treatment system in Massachusetts have

Continued on page 8 . . .

Continued from page 7. . .

been successful. Working directly in treatment programs, providing statewide training, technical assistance, and support have strengthened programs' abilities to meet the parenting needs of their clients, and have thereby strengthened family relationships. There have also been difficulties with this process. High staff turnover, a common situation in treatment programs, results in the need for ongoing training of new staff. Additionally, pressures on staff time in treatment programs, made worse by current budget cuts, sometimes make staff co-facilitation, and therefore capacity building, difficult.

Adaptations to the Nurturing Program

The *Nurturing Program* has been adapted in a number of ways to meet a variety of needs within the population of families affected by substance abuse. Adaptations include: (1) *Building Family Recovery*, which emphasizes school-aged children and issues surrounding reunification; (2) an 11-week version targeted to an outpatient population; (3) *Nurturing Families Affected by Substance Abuse, Mental Illness and Trauma*; and (4) a version being developed for men and fathers. The latter two adaptations are discussed below.

NURTURING FAMILIES AFFECTED BY SUBSTANCE ABUSE, MENTAL ILLNESS AND TRAUMA

The impact of co-occurring disorders on parenting cannot be understated. While national data on the prevalence of custody loss among this population is not available, data does suggest that parents affected by co-occurring disorders are at particular risk of losing custody of their children (Joseph et. al, 1999; Marcenko et. al, 2000; Mowbray et. al, 1995). In fact, a number of states currently cite mental illness alone as reason to remove a child from parental custody (Hemmens et. al, 2002; Nicholson & Biebel, 2002).

In 2001, IHR received a SAMHSA grant to establish the Women Embracing Life and Living (WELL) Project. The WELL Project was one of nine sites nationally aimed at developing, promoting and providing integrated services for women and their children affected by substance abuse, mental illness, and trauma. As part of this project, IHR adapted the *Nurturing Program* to develop *Nurturing Families Affected by Substance Abuse, Mental Illness and Trauma* (*Nurturing Families*).

The *Nurturing Families* program is designed to increase women's awareness of the impact of substance abuse, mental illness and trauma on themselves and their children, and, similar to the original *Nurturing Program,* to help parents develop skills to promote healing in their relationships. The process of adapting the *Nurturing Program* included extensive research designed to integrate additional information about co-occurring disorders and trauma. For example, research indicates that individuals with extensive trauma histories and histories of substance abuse may have difficulty participating in groups where they are asked to reflect on traumatic childhood memories or events (Najavits, 2002). Therefore, the adapted curriculum focuses on enhancing coping skills and exploring coping strategies before delving deeply into discussions related to trauma.

Additionally, some topics were either modified or eliminated to lessen group members' experiences of recalling traumatic memories, and to lessen anxiety and decrease possibilities of relapse and self-blame. For example, in the *Feelings* session, the original *Nurturing Program* utilizes an activity related to a feeling each participant is uncomfortable with. Group members think about sensations associated with the feeling, the purpose the feeling serves, and ways to respond to the feeling. The *Nurturing Families* curriculum follows this same procedure, then adds discussion and brainstorming about ways to cope with the particular feeling that causes discomfort. Another example is in the *Safety and Protecting Children* session. In the Nurturing Program, group members learn about baby proofing their home, teaching their children important personal information such as their name, address, and telephone number, teaching fire safety, how to select a child care provider, and what to do if a child gets hurt. *Nurturing Families* expands on the topic to include the creation of a "protection plan" for children, where parents identify safe places to go or to hide in case of danger or when feeling threatened. Names and telephone numbers of trusted relatives, friends, or neighbors are listed, with discussion remaining focused on safety. While this activity may provoke anxiety for some group members, group leaders continually focus the discussion on what would make the situation safe, as well as on ways for parents to have a similar discussion about safety with their children at home.

Different from the original *Nurturing Program,* the *Nurturing Families* program consists of three modules. Module I, *One-on-One Mentoring and Intensive Skill Building*, was developed on the premise that individual learning styles and abilities

must be considered when providing parenting support, skill building activities, and interventions. This module consists of two sessions between a staff member and parent, and allows the staff member to conduct a general assessment of the parent-child relationship, establish goals, and begin to develop a relationship with the parent. Module II, *Nurturing Families Affected by Substance Abuse, Mental Illness and Trauma*, is the structured parenting education program consisting of 12–16 90-minute group sessions. The number of groups varies based on individual group needs. For example, a number of group meetings may be conducted in 1 or 2 sessions, depending on the amount of emphasis that facilitators deem appropriate for a particular topic. The sessions consist of experiential exercises followed by participatory discussion. The exercises were designed to: 1) support women in identifying ways in which substance abuse, mental illness and trauma have impacted their lives, 2) practice skills to enhance coping for themselves and their children, 3) identify ways in which their children have been impacted, and 4) practice skills to enhance the resiliency of children. Module III, *Parent-Child Skill Building Activities*, consists of four sessions in which a staff member works with small groups of parents and their children together on fun activities.

Participants in *Nurturing Families* groups have had very positive comments about their experience in the group. One group member stated, "Today's group was very helpful to me so that I can understand my children's feelings better. One way I can be more nurturing of my children's feelings is to ask how they're feeling and then be more understanding and present emotionally." Another group member noted, "This group was helpful in telling me about my children's feelings and losses and how I can help them begin healing from those losses."

NURTURING FOR MEN AND FATHERS

Parenting work with men and fathers in substance abuse treatment is just beginning in Massachusetts and around the country. It is well documented (Doherty et. al, 1998; Engle & Leonard, 1995; United Nations Children's Fund, 1997) that men's active partnership in the parenting role enhances the successful outcome and well being of their children (McMahon & Rounsaville, 2002). Research has also identified the likely positive connection between active fathering and positive personal development and increased self-esteem in men (Parke, 1995).

IHR'S INITIAL WORK WITH FATHERS AT A RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAM SUPPORTED THE NOTION THAT FATHERS, EVEN THOSE WHO HAVE LITTLE OR NO CONTACT WITH THEIR CHILDREN, OFTEN HAVE A STRONG DESIRE TO IMPROVE RELATIONSHIPS WITH THEIR CHILDREN AND BECOME MORE ACTIVE IN THEIR LIVES.

Less well documented is the role of substance abusing men as fathers. Men affected by substance abuse are negatively stereotyped and there is very little documented about their parenting status (McMahon & Rounsaville, 2002). While substance abusing men are often considered unconcerned and indifferent in their role as parents, there is research to support the fact that estranged, marginalized groups of fathers are often very concerned about their children and interested in being more involved in their lives (McMahon & Rounsaville, 2002). In fact, the negative stereotypes and attitudes of society may end up further alienating fathers from their children (McMahon & Rounsaville, 2002). Instead, men in recovery frequently need nurturance and reassurance in their role as fathers. Parenting programs for men offer an opportunity to understand what healthy relationships are and what it means to nurture and be nurtured.

IHR's initial work with fathers at a residential substance abuse treatment program supported the notion that fathers, even those who have little or no contact with their children, often have a strong desire to improve relationships with their children and become more active in their lives. This treatment program, funded by the Massachusetts Children's Trust Fund, used the *Nurturing Fathers Program* developed by Mark Perlman (1998).

However, concerns about encouraging a father's involvement with families where domestic violence and/or child abuse had occurred resulted in more careful and deliberate planning. For example, staff received training from an expert in work with male batterers, who also had expertise in integrating issues of substance abuse and battering. This training helped provide the context for working with men who may have battered, and assisted in creating a screening tool to help identify abusers and batterers, which was used prior to group start up. Contact with

Continued on page 10 . . .

Continued from page 9 . . .

children or partners was not supported if men were considered abusive or dangerous to their families.

IHR staff are currently adapting a new curriculum and co-facilitating a parenting program entitled *Nurturing for Men and Fathers in Substance Abuse Treatment and Recovery* at two other men's residential treatment programs. IHR's original *Nurturing Program* is being adapted for this purpose and weekly groups are being implemented, with activities focusing on specific attitudes and skills related to nurturing men in recovery from substance abuse. The program consists of 10 sessions utilizing topics from the original *Nurturing Program* and ending with a celebration that includes a graduation ceremony and receipt of a certificate of participation.

In addition to IHR's work with fathers, a number of other programs nationally have used the *Nurturing Program* with men and fathers. For example, the Strengthening Solano Families Project in Solano County, California, provided groups for men who were incarcerated and/or referred by Child Protective Services. In addition, a program through Georgia State University School of Social Work has utilized the *Nurturing Program* with men in two large metropolitan Atlanta jails.

Conclusion

The substance abuse treatment system in Massachusetts has invested a great deal of effort to build and strengthen the parenting support and education it provides. Beginning in residential programs serving pregnant and parenting women and their children, the *Nurturing Program for Families in Substance Abuse Treatment and Recovery* is currently utilized in the majority of substance abuse treatment programs and shelters for women and families across the state and is beginning to be implemented in some men's programs. Parent-Child Specialists, using a train the trainers' and co-facilitation model, have supported treatment program staff in their efforts to meet the parenting needs of the families they serve. They have also helped to build the statewide capacity of the substance abuse treatment system to expand previously individual-based treatment models into more family-focused systems of care. The *Nurturing Program* has been adapted to meet the specific needs of certain substance using populations. The model appears to be effective at strengthening recovery and improving parenting and parent-child relationships, however, further research is imperative as the model continues to expand and be replicated throughout the country.

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