



Innovations From the Sites

April 2002

Nurturing Families Affected by Substance Abuse, Mental Illness and Trauma: A Parenting Curriculum for Women and Children

Nurturing Families Affected by Substance Abuse, Mental Illness and Trauma is a parenting curriculum for women and children in recovery from substance abuse, mental illness and trauma. The curriculum was created to respond to the devastating impact these experiences have on parenting and family relationships. In combination, substance abuse, mental illness and trauma can strain or sever the connection between parents and children, leading to periods of instability and lack of internal family structure.

The *Nurturing Families* curriculum provides a first step in repairing the fractured parent-child relationship by helping families work toward a place where they can grow and heal together. This effort is part of the Women Embracing Life and Living (WELL) Project, one of nine SAMHSA-funded Women, Co-Occurring Disorders and Violence Study (WCDVS) sites. The WELL Project provides integrated services for women with substance abuse and mental health disorders and histories of violence in eastern Massachusetts. The project is spearheaded by the Institute for Health and Recovery (IHR), a state-wide agency dedicated to improving services for families affected by substance abuse, mental illness and violence.

IMPACT OF SUBSTANCE ABUSE, MENTAL ILLNESS AND TRAUMA ON PARENTING AND FAMILIES

As parents, women with co-occurring substance abuse and mental health disorders and histories of trauma must cope with a complex set of issues.

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*“Parenting is a
relationship, not
solely a set of skills.”*

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– Norma Finkelstein,
Principle Investigator
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In their extensive work with women who are dealing with such challenges, the WELL Project has found that mothers may experience a myriad of emotions and issues that influence their ability to parent effectively. These include:

- Initial denial of the existence of problems as an attempt to manage the situation and protect the child
- Need to seek out safety may limit attention paid to the child
- Limited physical and/or emotional availability
- Difficulties with trust
- Diminished capacity to empathize with the child
- Decreased intimacy with the child
- Lack of positive parenting role models

- Loss of self-image as a capable and effective parent
- Triggering of trauma memories by the child or the child's behavior

The WELL Project has found these circumstances impact children in a number of ways. Inconsistent behavior on the part of the mother may result in a child's lack of clarity about what is expected of him or her. Children may go through periods of erratic behavior to "test" their mother and gain a sense of limits. Children often struggle with feelings of grief due to the multiple losses they have experienced. In moving from place to place, they lose contact with peers, family and siblings and also may be impacted by a weakening relationship with their parent. Children may be required to take on significant life management responsibilities such as cooking, cleaning and caring for siblings, requiring them to become adults before they are ready. Finally, children may experience additional problems such as sleep disturbances, difficulty with eating and mental health issues.

The realization of how substance abuse, mental illness and trauma have impacted their families is often the catalyst for mothers to enter into recovery programs. They do not want their children to suffer. Mothers seek out treatment in hopes of maintaining or regaining custody of their children and rebuilding what has been lost in the parent-child relationship.

CREATING THE CURRICULUM

Nurturing Families Affected by Substance Abuse, Mental Illness and Trauma builds upon IHR's earlier efforts to provide parenting support for families affected by substance abuse. In 1995, the Center for Substance Abuse Prevention provided funding for a project that led to the creation of the *Nurturing Program for Families in Substance Abuse Treatment and Recovery*. Based on Bavolek's Nurturing Program (1989), the curriculum works to increase parents' awareness of themselves and their children and has been found to increase self-esteem and parenting knowledge (Camp & Finkelstein, 1997). In 1999, the curriculum was recognized by the Center for Substance Abuse Prevention as a model program for best practices in strengthening families.

As part of the WCDVS, the WELL Project adapted this curriculum in 2000-2001 to encompass the needs of families affected by substance abuse, mental illness and trauma. This collaborative effort involved conducting extensive research on mental illness, violence and the impact these issues have on parenting. WELL Project staff worked to identify topics appropriate for parents dealing with this constellation of issues. Once completed, the curriculum was piloted and revised based on feedback from group participants and other co-facilitators.

To make the curriculum appropriate for women who have experienced trauma, the content was carefully reviewed for sensitive material. For example, the original program included an activity in which women were asked to close their eyes. This component was removed from the revised curriculum because it could present triggers for women who have experienced violence. The structure was also modified to include less exploratory work on women's past experiences and a stronger skills-building component.

GUIDING PHILOSOPHY OF THE CURRICULUM

Nurturing Families Affected by Substance Abuse, Mental Illness and Trauma is based on the relational development principles of authenticity, mutuality and empathy. As outlined in the Self-in-Relation theory of women's development (Jordan, et al., 1991) these values are said to promote healthy emotional development by:

1. Allowing individuals to be "themselves" with other people.
2. Promoting disclosure or sharing of oneself leading to a heightened sense of self and understanding others.
3. Helping to facilitate interactions between two people that are characterized by a dynamic sensitivity and responsiveness.

These conditions play a significant role in successful parenting by fostering the growth of healthy, mutually satisfying relationships between parents and children. As Norma Finkelstein, Principal Investigator for the project notes "parenting is a relationship, not solely a set of skills. Healthy relationships are the essence of good parenting."

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Women who have participated are experiencing active self-nurturing and improved relationships with their children.
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The curriculum also emphasizes the critical role self-nurturing plays in the lives of women who are parenting and in recovery. Women with substance abuse and mental health disorders and histories of violence have often experienced pasts in which their emotional and physical needs were not met. For this reason, the curriculum initially works to help women nurture themselves and address their own needs. As Tanji Donald, Parent-Child Specialist for the WELL Project explains, "if you don't meet your own needs, how can you meet the needs of another person?" Tackling this concept first is important to the success of the curriculum's skills-building component. Only after the parent's needs are met can they take an active role in learning effective parenting skills.

The WELL Project believes the curriculum's focus on self-nurturing sets it apart from other parenting interventions. Beth Marron, Parent-Child Specialist for the WELL Project explains "the program is unique in its goal of integrating a woman's recovery into her ability to

parent. While most curriculums primarily focus on teaching skills, this one considers the mother's needs first."

STRUCTURE OF THE CURRICULUM

Nurturing Families Affected by Substance Abuse, Mental Illness and Trauma consists of three modules:

1. One-on-One Mentoring and Intensive Skills Building

This portion of the curriculum provides staff the opportunity to begin building relationships with parents. It consists of two sessions: setting goals and building connections. The first session allows staff to gain a clearer understanding of the parent-child relationship and teaches parents the rudiments of goal setting. Session 2 provides an opportunity for parents to begin exploring the impact of substance abuse, mental illness and trauma on parenting in a private setting and allows them to begin developing ideas for rebuilding their relationship with their kids. This module also allows staff to address the individual concerns or needs of the parent as they arise.

2. Nurturing Families Affected by Substance Abuse, Mental Illness and Trauma Group

The group consists of fourteen 90-minute sessions designed to increase parents' understanding of the effects of substance abuse, mental illness and trauma on their lives and the lives of their families. It is intended to enhance coping strategies through concept presentations, practice sessions, role-plays and activities. The group includes a skills-building component that provides parents the chance to apply the techniques and strategies they are learning. Each session covers a different topic including hope; building trust; self-esteem; setting boundaries; family communication; feelings; managing stress; guiding behavior; schedules and routines; safety and protecting children; helping families grieve; and having fun.

Groups may be implemented in a variety of settings including inpatient, outpatient and community based service agencies. Generally, women are allowed to join at any time throughout the series. It is recommended that groups do not exceed twelve participants. The groups are designed to serve women with various family arrangements, including women who have custody of their children, children living with relatives or friends,

and children who are in foster care. Groups normally consist of women with various experiences and children of all different ages.

3. Parent-Child Skill Building Activities

This portion of the program provides the opportunity for parents and children to engage in structured skill-building activities designed to repair and strengthen the bond between them. It includes four group sessions with a different planned activity for each. Examples of these activities include singing, drawing and making crafts. These sessions provide an opportunity for parents to practice skills learned in other parts of the program.

The entire curriculum is implemented by a group of individuals the WELL Project refers to as Parent-Child Specialists, in conjunction with clinicians in outpatient and residential treatment settings. The Parent-Child Specialist's job is to work closely with the parent focusing on parenting issues and concerns. While they take the lead in directing this effort, the Parent-Child Specialists work collaboratively with other WELL Project staff to ensure that each family receives the most appropriate service plan for its individualized needs. Monthly meetings between the Parent-Child Specialists and staff members responsible for providing integrated case management services for women in the WELL Project enable them to update one another, discuss the effectiveness of the parenting group and communicate any concerns that arise. The children's services coordinators are also actively involved in this process.

CHALLENGES AND LESSONS LEARNED

Although it is too early to draw definitive conclusions, WELL Project staff have received positive feedback from women who have participated in the *Nurturing Families Affected By Substance Abuse, Mental Illness and Trauma* curriculum. "The clients love it" reports Laurie Markoff, WELL Project Director. One group participant was especially pleased with the discussion of how substance abuse, mental illness and trauma impacts children. She notes, "this group was helpful in telling me about my children's feelings and losses and how I can help them get more with gains in our lives." Another participant explained how the group session on feelings helped her, saying, "this group was very helpful to me so that I can understand my children's feel-

ings better. One way I can be more nurturing of my children's feelings is to ask how they are feeling and then be more understanding and present emotionally."

While the WELL Project is still learning how the curriculum impacts mothers and children, much knowledge has been gained regarding how to implement *Nurturing Families* and the challenges of providing parenting supports for women living with substance abuse, mental illness and trauma.

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"This group was very helpful to me... I can understand my children's feelings better."
~
- *Nurturing Families* group participant

■ Nurturing mothers is critical.

At the heart of this curriculum is the belief that nurturing and supporting mothers affected by substance abuse, mental illness and trauma is critical to their successful parenting. Since women who face these issues frequently have experienced little or no nurturing in their own lives, they may also lack an understanding of how to nurture their children. Providing mothers with this basic need before addressing parenting issues is crucial.

■ The connection between parenting and recovery is strong and multifaceted.

Parenting plays a critical role in a woman's recovery. Often a mother's willingness to enter and remain in treatment is facilitated by a desire to help her child. The stresses of parenting can also challenge a woman's efforts to recover. As a woman begins her journey towards recovery, she learns the importance of self-nurturing and meeting her own needs. Once she has established a sense of how to accomplish this for herself, she can then apply these same skills to meeting the needs of her child. As her relationship with her child improves, a woman gains additional strength to continue her recovery. Given these connections, it is critical for

programs to provide parenting support. Unfortunately, parenting is often not seen as an integral part of a woman's recovery process, and is separated out from her clinical needs or not addressed at all. In addition, many public health, mental health and substance abuse treatment systems do not provide reimbursement for parenting services.

■ Keep the intervention focused on parenting.

In working with women affected by violence, issues of trauma can surface frequently. The group facilitator must be careful to ensure the group remains focused primarily on parenting. When trauma issues begin to dominate the discussion, women should be redirected to their clinician or other contact person trained to address those particular needs. It has been important that many of the women in the *Nurturing Families* group also participate in the WELL Project's Seeking Safety trauma groups. This is necessary to provide a sense of safety and containment for all group members.

■ Be aware of "triggering" material.

Facilitators should be conscious of activities or material that may be triggering for women. As was done with *Nurturing Families*, other parenting curriculums for women with substance abuse disorders, mental illness and histories of trauma should be carefully reviewed to ensure they are sensitive to women with these experiences.

■ Keep the program "fun."

When the curriculum was modified to include the trauma and mental health components, there was concern that some of the "fun" from the original *Nurturing Program for Families in Substance Abuse Treatment and Recovery* was removed. Staff at the WELL Project attribute this to the seriousness of trauma as a topic and the need to keep the program to a reasonable length. They feel it is important to make the program "real" by including activities that ask clients to reflect on their past and current situations. In future edits, the WELL Project will be exploring ways to put some "fun" back into the curriculum without significantly increasing the length.

■ Getting women to participate may be difficult.

Women may initially resist participating in discussions because of an understandable difficulty with talking about how substance abuse, mental illness and trauma may have

impacted their children. As they become more comfortable and begin forming relationships with other women, this issue often becomes less of a challenge.

■ **Logistical issues must be addressed.**

Women and children at the WELL Project attend a variety of services and groups for their treatment needs. Finding time to fit everything in while balancing their care schedules with other life demands is challenging and sometimes unrealistic. This may be further complicated by barriers such as limited access to transportation and childcare. These issues might be alleviated by providing logistical support in the form of flexible scheduling of groups, transportation and childcare assistance.

■ **Support for group facilitators is essential.**

While facilitators of this program are experts in parenting, they may not be trained clinical therapists. In working

with trauma survivors, issues and discussions may surface that facilitators do not feel professionally trained to address. Given the extremely challenging set of circumstances facing these women and the difficulty of trauma as a subject matter, a plan should exist for offering facilitators training, support and clinical backup if the need arises.

■ **Facilitators should be role models for women.**

Tanji Donald, Parent-Child Specialist for the WELL Project firmly believes in the importance of modeling behavior when working with women in the project. She feels her dedication to the integrity of the program encourages participants to also dedicate themselves to achieving their parenting goals.

■ **Evaluation is essential.**

Evaluation is a critical part of any curriculum or program. It allows administrators and researchers to assess an effort's impact. An evaluation tool, the Adult Adolescent

Parenting Inventory-2 as well as the *Nurturing Families Survey* and participants' comments will be used to evaluate the *Nurturing Families* curriculum.

The *Nurturing Families Affected by Substance Abuse, Mental Illness and Trauma* curriculum has resulted in positive experiences for women at the WELL Project. Women who have participated are experiencing active self-nurturing and improved relationships with their children. There is hope that this success will continue, enabling more women and children to benefit from strong, healthy relationships with one another.

**For more information on *Nurturing Families Affected by Substance Abuse, Mental Illness and Trauma*, please contact: Tanji Donald, Parent-Child Specialist
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parenting@healthrecovery.org**

RESOURCES:

Nurturing Families Affected by Substance Abuse, Mental Illness and Trauma

Available from: The Institute for Health and Recovery
349 Broadway, Cambridge, MA 02139
617-661-3991 (phone)
617-661-7277 (fax)
www.healthrecovery.org

Nurturing Program for Families in Substance Abuse Treatment and Recovery

Available from: The Institute for Health and Recovery or Family Development Resources, Inc.

Family Development Resources, Inc.
3160 Pinebrook Road, Park City, UT 84060
800-688-5822 (phone)

Family Activities to Nurture Parents and Children

Available from: The Institute for Health and Recovery or Family Development Resources, Inc.

Nurturing Program for Parents and Children Birth to Five Years: Activities Manual

S. Bavelok and J. Dellinger Bavelok
Available from: Family Development Resources, Inc.

Women's Growth and Connections: Writings from The Stone Center

J. Jordan, A. Kaplan, J. Miller, I. Stiver and J. Surrey
New York: Guilford Press, 1991

Strengthening America's Families: Model Family Programs for Substance Abuse and Strengthening Families Program

Available through: Department of Health Promotion and Education
250 South, 1850 East, Room 215
University of Utah
Salt Lake City, UT 84112
801-581-7718 (phone)
801-581-5872 (fax)
www.strengtheningfamilies.org

Parenting Training for Women in Residential Substance Abuse Treatment: Results of a Demonstration Project

J.M. Camp and N. Finkelstein
Journal of Substance Abuse Treatment, 1997, 14(5), 411-422

Parenting Options Project

University of Massachusetts Medical Center
55 Lake Avenue North, Worcester, MA 01655
508-856-8722
www.umassmed.edu/pop/

Parenting Services for Families Affected by Substance Abuse

J. Moore and N. Finkelstein
Child Welfare, 2001, LXXX(2), 221-238

The Women, Co-Occurring Disorders and Violence Study is generating knowledge on the development of integrated services approaches for women with co-occurring substance abuse and mental health disorders who also have histories of physical and/or sexual abuse.

This Innovation From The Site was written by Brandy Jablonski and Dawn Jahn Moses of The National Center on Family Homelessness, and is a product of the Women, Co-Occurring Disorders and Violence Coordinating Center which is operated by Policy Research Associates, in partnership with The National Center on Family Homelessness and the Cecil G. Sheps Center for Health Services Research. The Coordinating Center provides technical assistance to program sites, conducts cross-site process and outcome evaluations, and develops a range of application products from the study sites.

The Women, Co-Occurring Disorders and Violence Study is funded by the Substance Abuse and Mental Health Services Administration's three centers – The Center for Substance Abuse Treatment, The Center for Mental Health Services, and The Center for Substance Abuse Prevention.

For more information on this Initiative, please contact Policy Research Associates, 345 Delaware Avenue Delmar, NY, 12054, 518-439-7415, e-mail: wvcc.prainc.com, web: www.prainc.com/wcdvs