

A COLLABORATIVE RESIDENTIAL RECOVERY PROGRAM & EARLY HEAD  
START: THE MOTHER'S EXPERIENCE WITH YOUNG CHILDREN

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In partial fulfillment of  
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Master of Arts

In

Education: Special Education

by

Krystal Nicholle Anderson

San Francisco, California

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CERTIFICATION OF APPROVAL

I certify that I have read A Collaborative Residential Recovery Program & Early Head Start: The Mother's Experience with Young Children by Krystal Nicholle Anderson, and that in my opinion this work meets the criteria for approving a thesis submitted in partial fulfillment of the requirement for the degree Masters of Arts: Early Childhood Special Education San Francisco State University.



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A COLLABORATIVE RESIDENTIAL RECOVERY PROGRAM & EARLY HEAD  
START: THE MOTHER'S EXPERIENCE WITH YOUNG

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2018

Research has shown a limited understanding of the impacts of residential recovery programs on families with young children who have been exposed to addiction, homelessness, and poverty (Einbinder, 2010; Neger & Prinz, 2015; Niccols et. al., 2012). There is a need to further examine the experiences of mothers with young children within a residential recovery program which can guide ways to effectively support these families. Using the Family Systems theory (Turnbull, Summers & Brotherson, 1964), a qualitative phenomenological study was conducted with six mothers with young children and/or pregnant residing within a residential recovery program. Four themes emerged within the findings: Individual family impacts, Power of interactions, Tenacity in obstacles and Impacts of change. The findings support the need for more family focused programs that examine the qualitative experiences of mothers and their young children to effectively to support recovery and meet the needs of these families.

I certify that the Abstract is a correct representation of the content of this thesis.

Amber Friesen  
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12/11/18  
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## **Chapter 1: Introduction and Literature Review**

Briana is a bilingual Mexican American mother with a two-year old daughter named Ally. After an encounter on the streets with a staff member from a residential recovery program called the Light Center, Briana decided to make a change and enter the program. During the next 18 months, Briana participated in the recovery program while Ally was enrolled within the on- site Early Head Start, an early childhood development center. Briana and Ally lived in the housing facilities that were provided by the program where they had access to additional Light Center resources such as parent- child interactive play groups, sessions with recovery counselors, and needed mental health services. While living and working towards recovery within the Light Center, Briana built relationships with the clients, staff and teachers. She expressed that “this place is really special... that [it] gave me a lot more time to spend with my child and give her the quality time. Yeah. That’s where I learned it right from this place.” Briana has shared that there are not many places that you will receive a similar experience. After 18 months, Briana graduated from the program and transitioned into a sheltered living arrangement with her daughter.

Briana and Ally are one of many families who have, or are, participating in the Light Center program. The program is comprehensive and individualized based on the needs of the mother and her children. It includes services that support recovery (case management, support groups), all aspects of health care (physical, emotional, mental) and the care and development of the children living within the care of their mothers. Each of the families enrolled at the Light Center brings with them a diverse and unique story about their

experiences outside and within the program. It is important to understand the perspectives of these mothers who are making the choice to enter a residential recovery program in order to best provide services and support. If families are to benefit from professional skills and knowledge, it is incumbent on professionals to understand each family's context and to develop interventions that fit their unique needs (Hanson & Lynch, 2013). This is particularly important when providing support to families facing multiple risk factors as Briana and Ally were, including addiction, homelessness and poverty.

This study sought to understand the perspectives of mothers who were impacted by multiple factors including homelessness, poverty and addiction while residing within a residential recovery program. In order to situate this study within the research, the remainder of the chapter begins by defining families followed by a description of the components of the Family Systems Theory as a means to understanding the diverse characteristics, interactions, and roles within the family (Turnbull, Summers & Brotherson, 1984). While there is a plethora of challenging factors that could impact a family system, this review will focus on poverty, addiction and homelessness as it relates to many of the families enrolled within the Light Center. Different types of support programs for families impacted by these challenges will be described to give the reader an understanding of the success and limitations of services that are currently implemented with families and children facing such challenges. Lastly, the purpose of the study and research question will be presented.

### **Understanding Families**

Families are diverse and have an impact in who we are, what we know and how we live in the world. Currently, the U.S. Census Bureau (2015) defines family as a group of two people or more related by birth, marriage, or adoption and are residing together. A family constellation can also be described in other ways including: size, membership, socioeconomic status, language, cultural, racial, and ethnic identification and beliefs, values, and traditions (Hanson & Lynch, 2013). Hanson and Lynch describe family as when the “members of the unit see themselves as a family, are affiliated with one another, and are committed to caring for one another” (1992, p. 285). This definition of families emphasizes and brings awareness to the biological and social groupings that play a role in the members of individual families. It is important to recognize the uniqueness of families, and how their experiences play a role in shaping the lives of themselves and their children.

### **Family Systems Theory**

The Family Systems Theory is a way of understanding families, their function and dynamics (Hanson & Lynch, 2013). In this theory, families are viewed as highly complex social systems in which the characteristics, needs, experiences, actions, and reactions of each family member affects every other member as well as the family as a whole (Hanson & Lynch, 2013). The Family Systems Theory creates an opportunity to learn about families by understanding their characteristics, interactions, function, and life events/ influences that impact their lives. It can also provide insights into how situations

and/or experiences can impact the family unit, such as poverty, addiction, and homelessness.

The Family Systems Theory approach is further described using four assumptions (White & Klein, 2008). The first assumption is that all parts of the system are interconnected, which implies that all family members are integrally linked with one another. Secondly, the family as a system can only be understood by viewing it as a whole, rather than individual parts or members. Thirdly, the family system, affects, and is affected, by its environment. Lastly, the family system theory is not a reality but rather a way of knowing and understanding more about the family (Hanson & Lynch, 2013; Turnbull, Summers, & Brotherson, 1984).

The Family Systems Theory looks to understand the complexities of families by examining four different components of the family (Turnbull et al., 1984). These include: Inputs (Family Characteristics), Process (Family interactions), Outputs (Family Function), and Change (Life cycle). The first component, family characteristics focus on the unique aspects of the family and its members, including values, traditions, cultural background and family resources.

For example, returning to the vignette at the beginning of this chapter, Briana and her daughter, Ally, are Mexican Americans living in a large urban city. Briana has custody of one out of four children, while her other children are in the custody of her mother in an urban area, playing a parental role to Briana's other three children. Because of the loss of her other three children, Briana is motivated to be a mother that positively

influences the life of Ally while working on her recovery. Additionally, Briana finds it important to continue to maintain a safe environment while building a stronger relationship with Ally.

The second component within the Family Systems Theory is family interactions, referring to the relationships within and outside the family system (Turnbull et al., 1984). This could include marital, sibling, parental, and extended family interactions. Further, the cohesiveness and adaptability of these family interactions are considered. The cohesiveness of the family refers to the emotional bonds between family members as well as the level of independence between each member (Hanson & Lynch, 2013). Adaptability of the family relationships and interactions refers to the family's ability to change in response to situational and developmental stress (Turnbull & Turnbull, 2001). Contemplating family interactions can assist us in understanding relationships in Briana and Ally's family.

For example, when Briana lived at the Light Center, the other mothers and families, in many ways became her extended family. Briana had the ability to create meaningful relationships not only between herself and Ally, but also with staff members, clients, and teachers within the program. Briana discussed her interactions between herself and teachers at the Light Center, where she accumulated knowledge about child development which resultantly improved the parent-child relationship between Briana and Ally. Creating meaningful relationships with a variety of individuals at the Light

Center allowed for Briana to improve her communication skills when interacting with others which increased her openness to hearing the advice, tips and suggestions of others.

The third component of the Family Systems Theory is family function, which examines the fulfillment of the needs of the family within different areas. Some of these functions include socialization, daily routines, financial stability, education, recreation, affection, self-esteem and spirituality (Hanson & Lynch, 2013). Learning about the way each individual family functions to meet these needs can provide insight into the family's activities and priorities, and how their values, and beliefs guide this process.

The change in family functioning for Briana and Ally can be seen as a result of participation in the Light Center. For example, Briana has discussed being on a very structured daily routine for herself and Ally. Additionally, Ally attends the Early Head Start on-site while Briana is working on her recovery within the program. Though Briana and Ally are homeless outside of the program, Briana is working hard to save money while within the program to provide a stable housing environment for her family after the completion of her recovery.

The final component of the Family System Theory examines the family life cycle, referring to transitions or changes over time for the family (Turnbull et al., 1984). This component captures how families respond to important events such as births and deaths. In this study, admittance into residential recovery programs, poverty and homelessness.

For Briana, aspects of her family life cycle can be seen as she transitioned from the streets to the program, graduated the program and now living within a transitional

housing setting. Throughout these experiences, Briana and Ally moved from the familiar housing within the Light Center to unfamiliar environments such as shelters. Within the Light Center, Briana expressed the internal growth and change that were reflected throughout her life experiences because of her diligence and persistency in the recovery process. It is important to understand these changes because they allow professionals to recognize and acknowledge the multitude of factors that impact the experiences of Briana and Ally.

### **Families and Challenging Situations**

Many families may experience situations that can have positive and/or negative impacts on their family system. Some challenges associated with poverty, violence, homelessness, addiction, trauma, child-abuse and neglect can impact the family characteristics, interactions, functions and life cycle within the Family Systems Theory. This research study sought to further understand the experiences of families that are impacted and/or influenced by multiple risk factors. Similar, to Briana and Ally, most of the families within the Light Center are primarily impacted by three factors, which include poverty, homelessness, and addiction. The following discussion will further dissect and examine these risk factors.

#### **Families challenged by poverty**

Poverty can be defined as when the family's total income is less than the family's threshold (Semega, Fontenot, Kollar, U.S. Census Bureau, & Current Population Reports, 2017). This means that the family has a limited amount of finances that does not meet the

expense needs of the family. In 2017, the poverty threshold for a family of four, that included two adults and two children, was \$24,848 (Semega et. al, 2017).

Three types of poverty, absolute, relative and subjective provide ways to think about poverty and it's impacts on families (Hanson & Lynch, 2013; McLoyd, 1998; Semega, Fontenot, & Kollar, 2017). Absolute poverty is when an individual does not have the finances for basic needs (Semega et al., 2017). Secondly, relative poverty is when the individual has less than others for what is normal for finances (Semega et al., 2017). Lastly, subjective poverty is when a individual thinks they do not have enough to survive their needs (Hanson & Lynch, 2013; McLoyd, 1998). Experiencing poverty can impact and influence different aspects of the family.

Experiencing poverty may impact the daily needs of a family which can make them more susceptible to having poor physical and mental health (e.g. malnutrition, deafness, and/or disabilities) (Lazar & Davenport, 2018). Consequently, families experiencing poverty may have an increased susceptibility to stressors including marital instability, limited resources to meet daily needs, environmental challenges, food insecurity, traumatic events and discrimination (Goodman, Pugach, Skolnik & Smith, 2013). Due to these stressors, families may find it difficult to provide adequate food for themselves and their families, which can lead to inadequate nutrition (Hanson & Lynch, 2013). Inadequate nutrition can cause families especially with children to become more susceptible to illness, iron deficiency, and environmental factors, which can influence their school setting (Children's Defense Fund, 2015; Hanson & Lynch, 2013). A limited

amount of resources can impact the mental health of the family which can influence family dynamics, function, and environment. Research by Goodman et al. (2013) suggested that mental health services may not be sought out due to negative perceptions of services and therapists, lack of access due to time availability and limited financial stability which can negatively impact the family system.

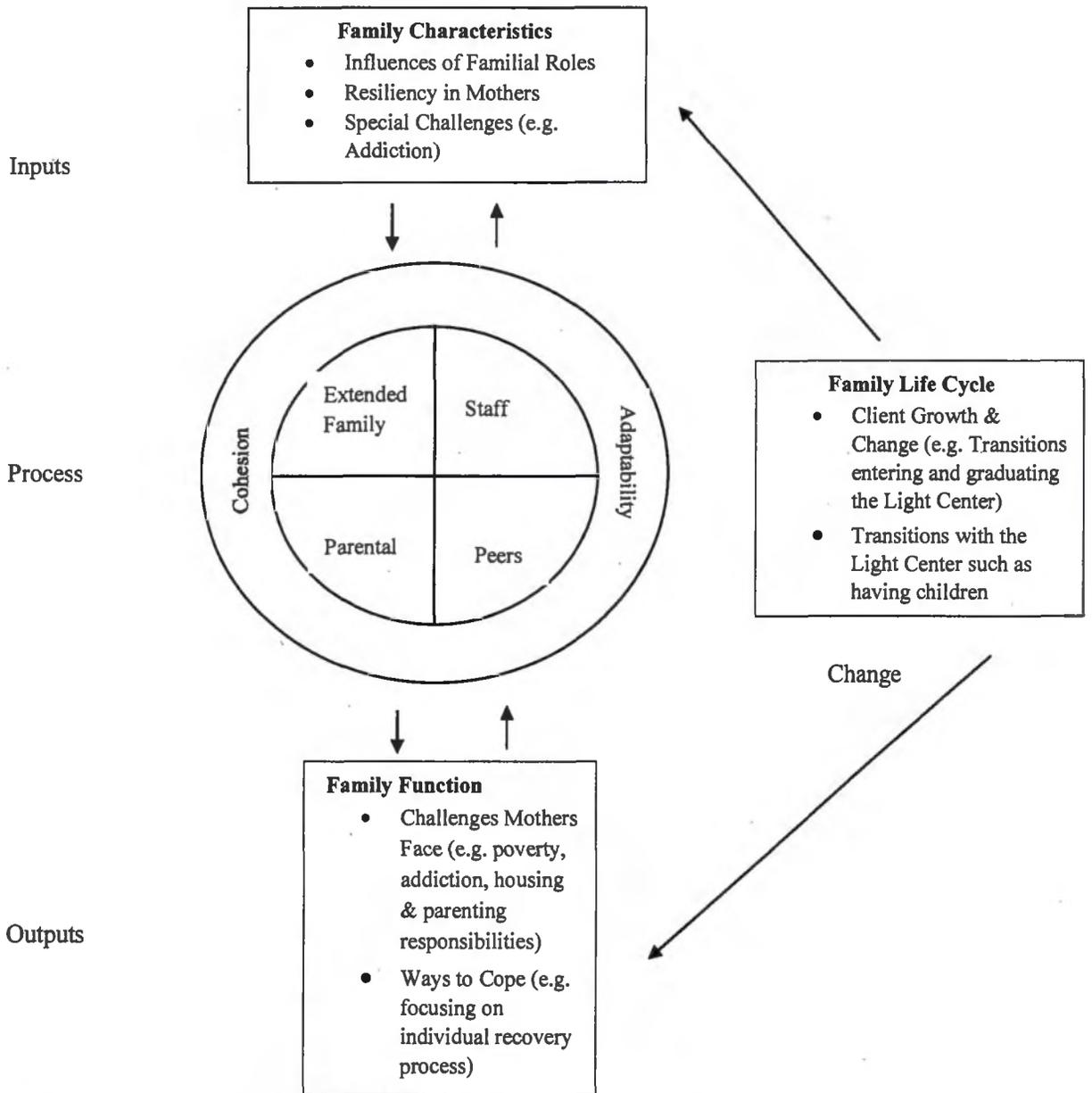
Experiencing ongoing poverty can impact the overall development of young children. Scientific evidence on early brain development underscores the importance of experiences in the early years to the child's development (Scott & Pressman, 2013; Shore, 1997). The early childhood developmental period is a sensitive time for brain development, therefore exposure to risks can have major effects on the development of the child (Hanson & Lynch, 2013). Environmental risks such as lead or exposure to other hazardous materials can affect brain growth, which can alter the overall development of a child (Scott & Pressman, 2013).

#### **Families with children who are homeless**

Homelessness describes a person who lacks a regular and adequate nighttime residence (The U.S. Department of Housing and Urban Development, 2017). In the United States, it is estimated that about 555,742 individuals are experiencing homelessness on a given night (The U.S. Department of Housing and Urban Development, 2017). Homelessness can impact or influence the lives of a wide variety of individuals based on their gender (men, women, children, transgendered) and/or ethnicities (White, African American, Hispanic, and/or multiracial). Within the number

Figure 1

*Examples of Influences families face within the Family Systems Theory*



*This figure provides examples of various components that help to understand components of the family (Turnbull, Summers & Brotherson, 1984).*

of individuals experiencing homelessness, minorities are 1.5 times more likely to be within a homeless environment (Bassuk, DeCandia, Beach & Berman, 2014). According to the U.S. Department of Housing and Urban Development (2017), homelessness in families with children make up 33% of the homeless population. It is estimated that approximately 184, 661 families are generally residing in sheltered environments which consists of homeless shelters and/ or transitional housing.

Due to the lack of low income housing, families are at risk of experiencing homelessness (Choi, & Snyder, 1999; Bassuk, 2010; Aurand, Emmanuel, Yentel & Errico, 2017). Aurand et al. (2017) reported that the United States is facing a shortage of 7.4 million affordable and available rental homes for extremely low- income (30% below the poverty line) renter households. Because of the housing shortage, statistics show that there are 35 affordable and available units for every 100 low-income renter households (Aurand et al., 2017). Families are spending a significant amount of money on living expenses instead of their basic necessities because of the limited amount of affordable housing opportunities. A family's risk of experiencing homelessness increases when faced with multiple challenging factors including being a single- parent, having limited financial stability and/ or having a limited support system (Aurand et al., 2017; Bassuk et al., 2014). It is estimated that 33% of homeless families live in unsheltered and/or sheltered housing (Aurand et al., 2017). Unsheltered homelessness refers to people whose primary night location is a public or private place that is not designated for regular sleeping accommodations such as living on the streets, vehicles or parks (The U.S.

Department of Housing and Urban Development, 2017). Sheltered homelessness refers to living in emergency shelters, transitional housing programs or safe havens (The U.S Department of Housing and Urban Development, 2017).

Homelessness may negatively influence the interactions between parents and their children. The differences in rules and expectations between family parenting styles and the homeless environments that they reside in can cause parents to feel disempowered (Anthony, Vincent & Shin, 2017, Haskett, 2014). Additional factors that homeless households may experience and/or be exposed to include domestic abuse, substance abuse, malnutrition, limited healthcare services, social support and poverty (Hanson & Lynch, 2013; Haskett, 2014). These experiences may disrupt the physical and emotional interactions of the parents and their children. Homelessness combined with other factors (e.g. stress, anxiety and depression) may inhibit a family from caring for their children and require the children to enter the foster care system (Anthony et al., 2017; Haskett, 2014).

In homeless environments, children have an increased risk for developmental delays and mental health challenges especially during the critical period of child development (Bassuk et al., 2014). Children who were experiencing homelessness began to internalize and externalize behavioral problems (Anthony et al., 2017). The behavioral problems internalized by children included sadness, withdrawal, anxiety, and depression especially in terms of food and nutrition, while increased aggression and disregard for authority were externalized (Anthony et al., 2017).

### **Families challenged with addiction**

Addiction or substance abuse refers to the individual's involvement with a drug and/or other substances that interferes with daily life, the ability to make sound judgements and care for oneself and others (Hanson & Lynch, 2013). Addiction can inhibit a person from putting the needs of others above their own, impacting different family relationships such as parent- child interactions and partnerships. In the United States, 6.7% of people aged 21 or older (an estimated 15.1 million individuals) reported heavy alcohol use within the month prior to being surveyed (Substance Abuse and Mental Health Services Administration, 2014). Continuous drug usage can alter the dopamine levels in the brain which sends signals of pleasure and motivates the body to repeat behaviors, specifically for survival such as eating (National Institute of Drug Abuse, 2016). The overstimulation of dopamine in the brain can cause the individual to repeat drug use behaviors. Consequently, alterations in the brain can impact self-control and/ or interfere with the ability to resist drug usage (National Institute of Drug Abuse, 2016). Specific types of drugs that can cause this response include alcohol, nicotine, cocaine, marijuana, heroin and prescription drugs.

A variety of factors including biology, environment, and development can increase the risk of addiction and/ or substance abuse in individuals (National Institute on Drug Abuse, 2018). Environmental factors that increase the risk of addiction include: limited parental guidance, a chaotic home environment, drug experimentation, availability of drugs at school, school failure, poor social coping skills, the influence of a

learned perception that drugs are acceptable, exposure to community poverty and poor quality of life (National Institute of Drug Abuse, 2014). Additionally, environmental factors combined with genetic factors such as medical challenges or mental disorders can affect how genes are expressed or influenced in the body (National Institute of Drug Abuse, 2014; National Institute of Drug Abuse, 2016). Consequently, these environmental factors can have an influence on the development of the individual and family function. Consequences of drug abuse for families include violence, loss of resources, frequent interactions with the police and justice systems, loss of a safe home environment, loss of trust in loved ones or family members and limited options for treatment and recovery (Hanson & Lynch, 2013).

### **Protective Factors**

There are protective factors that can help prevent or mediate risk factors specifically pertaining to challenges such as poverty, homelessness, and/ or addiction (Corr, Santos & Fowler, 2015). Protective factors are variables that have the ability to mediate or buffer the negative effects or impacts of addiction, poverty and homelessness in the lives of families and their children (Whittaker, Harden, See, Meisch & Westbrook, 2011). The following paragraphs will detail protective factors which include support systems and positive parenting strategies. In addition to protective factors within families, service providers can support the families by encouraging them to implement and/or incorporate protective factors within their lives.

One of the protective factors, the support system, includes family members or friends who provide emotional and/or physical support to reduce stressors that families face. A study that looked into homeless families with and/ or without children wanted to understand the risk and protective factors that influence homeless families (Narendorf, Jennings & Maria, 2016). Results indicated homeless parents were more likely to express having a support system that provided emotional support and advice for their family (Narendorf et al., 2016). Compared to non-parenting peers, homeless parents reported less stress levels and an increased reliance on their support system to meet the basic needs of their family (Narendorf et al., 2016). Furthermore, an additional study found that homeless mothers caring for their children were provided with supports from homeless shelter staff, nurses, and the educational systems that they became a part of (Oliver, 2006). As a result, homeless families with access to some form of a support system (e.g. family and/or friends, external resources such as homeless shelter staff) were able to reduce the effects of their negative factors.

As previously stated, risk factors have a tendency to influence the overall development (e.g. cognition, physical, social emotional, language) of children which may have negative impacts within their daily lives. However, families who incorporate positive parenting strategies, such as an increase in mother awareness and sensitivity when interacting and engaging with children, can reduce the trauma and environmental factors that influence child development (Whittaker et al., 2011). Using quantitative and qualitative tools such as questionnaires, interviews and observations, the study examined

the influences of mother sensitivity on child developmental outcomes. Research confirmed that positive parenting has the ability to lessen the negative effects of parenting stress on child developmental outcomes (Whittaker et al., 2011). An additional study indicated how parental stress impacts the outcomes of child development by examining the relationships between child disruptive behaviors and parental stress (Bagner et al., 2009). Research conveyed that parents who experienced less stressors were more likely to interact and care for their children which minimized the negative outcomes (Bagner et al., 2009; Whittaker et al., 2011). As a result, parents being aware and reflective of their stressors while being sensitive to the needs of their child can lessen the negative effects that a young child may experience.

Support systems including teachers, staff, and other services are helpful in supporting the protective factors families use to lessen the negative effects of their challenging experiences. Therefore, it is important to have programs such as a residential recovery program to provide a safe space for families challenged with poverty, homelessness, and addiction to experience positive influences. These influences give families the opportunities to learn and grow with their children. Families in a residential recovery program such as Briana, had access to a multitude of services that could support the mother and child in various aspects of their lives. These resources included services such as healthcare, nutrition, substance abuse, child development, mental health, and housing services. At times, a comprehensive program similar to the collaborative

residential recovery program and childcare center discussed below is needed for families to practice protective factors that can help lessen the risk factors faced.

### **Support Programs for Families Impacted by Challenging Factors**

Residential recovery programs can provide a safe space for individuals to face and even overcome their addictions while alleviating some of the risk factors present in their environment. Residential recovery programs primary focus is on the well- being of the clients by providing strategies that assist each individual in reaching their full potential (Conners, Bradley, Whiteside- Mansell & Crone, 2001; Einbinder, 2010). Some residential recovery programs include services that focus on parenting, parent- child interactions and/ or child development (Einbinder, 2010; Hanson, Saul, Vanderploeg, Painter & Adnopoz, 2015; McComish et al., 2003). Residential recovery programs that focus on substance abuse often engage in intensive individual and/ or group services that focus on the individual with the addiction.

Mothers in recovery programs are often impacted by complex factors (e.g. poverty, homelessness, addiction, childcare) that need to be addressed in order to support their family as a whole. Complex factors can impact and influence many components of the mother's family which includes their ability to effectively care for themselves and their young children (Sword et al., 2009). Due to the complex needs of mothers and limited support services, mothers are not always able to access and complete a recovery program (Choi & Ryan, 2006). Mothers require support within multiple areas including childcare, parenting, and recovery (Choi & Ryan, 2006). As a result, there is a need for

services to effectively serve both families with addiction and their young children (Conners et al., 2001; Hanson et al., 2015; Killeen & Brady, 2001; McComish et al., 2003; Milligan et al., 2011; Sword et al., 2009; Wall et al. 2005). Therefore, program models that are family focused and/ or integrated have been created to provide a wide range of services such as drug abuse treatment, parent/ parenting counseling, service linkages, mental health and child development to meet the needs of these families (McComish et al., 2003; Sword et al., 2009).

Currently, there are a variety of residential recovery programs that incorporate parent- child interventions and/or therapy services that focus on the developmental needs of the family and their children (Neger & Prinz, 2015; Niccols et al., 2012; Paris, Herriott, Holt & Gould, 2015). Family based and/or integrated programs address the shortcomings of substance abuse and parent- child treatment options for families involved with child welfare services, thereby filling a void in the continuum of treatment programs (Hanson et al., 2015). One study looked to understand the outcomes of both families and children who are within a residential recovery program that houses on-site childcare services (Conners, Bradley, Whiteside-Mansell & Crone, 2001). This study shows positive outcomes including a decrease in relapse and parental stress, with an increase in self- sufficiency, family interactions and bonds which correlates to the improvement of graduates and their children within the program (Conners et al., 2001). Consequently, children within the program demonstrated a decrease in suspected developmental delays. A family-based substance abuse program works with families to

provide support with substance abuse, psychotherapy, relationships with children and peers, developmental guidance and case management services (Hanson et al., 2015; Iachini et. al., 2015). These programs provide a comprehensive way for families to be actively involved in their program while still having the opportunity to care for their children in an environment that helps improve the overall development of the child and family.

Despite the fact that there are residential recovery programs that seek to meet the holistic needs of mothers and their children, there are few studies that explore the experiences of the mothers during this time. However, a quantitative family-based in-home treatment program examined the outcomes of families with young children when provided with services specifically focused on family needs (Hanson et al., 2015). The program included substance abuse treatment, individual psychotherapy, parent- child relational support and developmental guidance, and case management in the home and community (Hanson et al., 2015). Outcomes show that parents are interested in concurrently working on their recovery while receiving parenting supports which may encourage a safe and stable environment for the family and child (Hanson et al., 2015). An additional qualitative family focused substance abuse treatment program looked to understand the impacts on the maternal psychosocial status which included depression, self- esteem, mood and its influences on child development (McComish et al., 2003). Findings showed that within a 12-month program, mothers had limited improvement within their psychosocial status within specific areas such as empathy and inappropriate

expectations for children which has the possibility of impacting child development (McComish et al., 2003). Children showed difficulty and/ or challenges with language and motor development (McComish et al., 2003). The family focused studies researched looked at the quantitative data of the family's psychosocial status, attitudes and beliefs, and child development (Hanson et al., 2015; McComish et.al., 2003). Another qualitative research study used interviews to understand the important themes learned by mothers within a parenting group while participating in a residential treatment program (Polansky et. al. 2006). The studies researched discussed quantitative and qualitative findings on parental and child outcomes within a family focused program (Hanson et al., 2015; McComish et.al., 2003; Polansky et.al., 2006), but lacked qualitative data or information on the perspectives of mothers with young children. As a result, further research is needed to understand the perspectives of women with young children within a family focused residential recovery program to strengthen the body of research focusing on these specific programs.

Family-based programs need to focus on challenges that impact families such as impoverishment, ways to attain and maintain insurance, and participant relapse (Price, Price & McKenny, 2010). Additional factors include focusing on addressing the changes in family dynamics, such as relationships and interactions between members and children (Price et al., 2010). However, there is a limited amount of information discussing programs that have multiple services that support both families and children who have had exposure to and/or have been impacted by substance-abuse (Einbinder, 2010; Neger

& Prinz, 2015; Niccols et al., 2012). As a result, a program such as the residential recovery program with child care services should be further researched to provide more factual and qualitative evidence on the influences it may have on the mothers and children who are supported.

### **Purpose of the Study**

Families are diverse and unique groups that can face a multitude of challenges including poverty, homelessness and addiction. Families facing these challenges have difficulty being able to maintain the basic necessities needed for themselves and their children which influences the family's mental health and the development of their children (Hanson & Lynch, 2013). Exposure to homelessness, poverty and addiction can increase the risk of families' exposure to negative effects within their lives.

The Family Systems Theory (Turnbull et al., 1984) is a model that helps us understand the dynamics of a family specifically looking at characteristics, interactions, function and life cycles. Families with young children within residential recovery programs face a variety of challenges specifically homelessness, poverty and addiction along with other stressors. Returning to the vignette, Briana and Ally were exposed to addiction, homelessness and poverty which impacted the way they developed, interacted and functioned within their environment. Similarly, to many of the mothers in the Light Center, they have a unique experience and perspective that needs to be heard and understood by others including peers, staff and teachers so we can improve our practice to effectively work and understand the experiences mothers may face. Research shows

that there is a limited amount of literature focusing on the qualitative perspectives of mothers with young children living within an integrated and/ or family focused recovery programs who are struggling with addiction, homelessness and/or poverty (Conners et al., 2001; Hanson et al., 2015; McComish et al. 2003; Niccols et. al., 2012; Sleisnick & Erdem, 2013; Sword et al., 2009). Even though these studies research family focused programs (Conners et al.,2001; Hanson et al., 2015; McComish et al. 2003; Niccols et. al., 2012; Sleisnick & Erdem, 2013; Sword et al., 2009), only one study provided qualitative information on a residential recovery program that included a childcare facility (Einbinder, 2010). The information collected within the current study will help minimize the gap in knowledge known on this hard to find population, using the mother's perspective on what influences and impacts the program was able to provide for themselves and their children. Additionally, it will provide insight into each mother's unique situation and circumstances and how one mother's is working towards treatment. As a result, this current study seeks to further uncover and understand this population of mothers with young children to enhance the field of education.

In this study, we aimed to capture the life experiences of mothers with young children who had resided in the residential recovery program, the Light Center by conducting a phenomenological study. Understanding the unique life experiences of mothers within the Light Center might provide findings that further discuss the impacts of a collaborative residential recovery program and Early Head Start. Further, it can provide insight to educators, staff, and administrators on the impacts that the program has

on families and their children, and what resources and/ or supports are most beneficial to families served within this specific program. The study is guided by the following research question: Using the Family Systems Theory (Turnbull et al., 1984), what are the experience of mothers with young children participating in a collaborative residential recovery program and Early Head Start?

## **Chapter 2: Methodology**

### **Methodological Approach**

The purpose of this phenomenological qualitative study was to examine the experiences of mothers with young children who are at the Light Center, a residential recovery program that includes a child care center. This study sought to capture how these families were impacted by factors such as poverty, homelessness and addiction while living in the Light Center. The Family Systems Theory (Turnbull et al., 1984) was used to support the organization of the experiences shared including these families' characteristics, interactions, function, and life cycle.

Qualitative studies allow the researcher to look at a situation or phenomenon while it is naturally occurring. This approach promotes an open-ended process of data collection that includes vivid and detailed descriptions (Johnson & Christensen, 2008). Phenomenological design refers to a process that emphasizes the collection of a detailed description of one or more individuals' consciousness and experiences of a specific phenomenon or circumstance (Johnson & Christensen, 2008). Qualitative inquiries have the potential to empower individuals such as the mothers of the Light Center to share their stories, hear their voices, and minimize the power relations between researcher and participant (Creswell, 2007). This detailed description can provide meaningful information on the experiences of families being studied.

### **Setting**

The study was conducted within the Light Center, a residential recovery program. The Light Center is located in an urban city area that caters to the needs of women with or without

children (0-3 years of age) struggling with addiction or substance abuse. The goal of the center is to support women in their recovery by providing a space for healing, hope, and recovery. The Light Center has six specific programs of services that include residential recovery, parent- child center, family treatment, in- home services, pediatric clinic, and the family enrichment project. These different programs include a wide variety of services that can be used to help support the individuals and families within the program. Each specific program is detailed in the following paragraphs.

The Residential Recovery program within the Light Center provides services for the women challenged by addiction or substance abuse. This includes recovery groups focusing on recovery skills, case management, and individual counseling. Additional services within the residential recovery program include the creation of a relapse prevention plan to deepen understanding of addiction, support to help foster positive assertive boundaries and healthy relationships, life skills groups, auricular acupuncture classes, vocational training groups and opportunities to gain household management skills. The recovery program also includes services related to health education including health assessments and referrals, access to healthcare providers, HIV/STD education and mental health supports. Services for children are offered as well, which include a children's developmental psychologist, pediatric clinic, and a family treatment center that provides individual therapy, play therapy for children, and family sessions. There is also support for mothers to reunify with their children who may have been removed from their care.

Another program within the Light Center is the parent- child center, which is a licensed Early Head Start program that provides resources and services in early intervention and relationship-based care for mothers and their young children (0-3 years old). This program enrolls children whose families are enrolled in the Light Center as well as children from the community. The Early Head Start program provides child-care services during the mothers' recovery program from 9am to 5pm. This allows the mother to focus on the recovery process while their children are receiving developmentally appropriate care by teachers. Other services within the parent- child center include physical and occupational therapy consultations for children and their families, infant massage instruction, smoking cessation and second-hand smoke education. Further, the families can take part in parent- child interaction/play groups and receive parenting support from the staff and teachers.

A third program in the Light Center is the family treatment program, which is a mental health clinic that supports children experiencing stress due to disruption of family unity, reunification, and other traumatic situations. The program provides bilingual services that include individual and family therapy, and support for parent- child reunification.

Fourthly, the Light Center houses a pediatric clinic that is a satellite of a larger hospital in order to provide medical services to children from birth to 18 years of age. The clinic employs a pediatrician and a registered nurse and offers services including immunizations, well- child visits, urgent care, and health education.

A fifth component of the Light Center is the Family Enrichment project which seeks to support children's optimal development and parents' caregiving confidence and self-efficacy. Play groups, parenting workshops, and a family council are provided for families within the program to strengthen their skills and knowledge of child development.

Lastly, the Light Center offers an in-home services program that provides home-based parenting education and support to families. This program works with families that are referred by State agencies. The program provides service within a family's home including parenting support, health and home safety and case management services.

There are currently seventeen women participating in the program. Out of the seventeen women, there are six with children and two women who are pregnant. The women reside within the program on an average of 9 to 18 months. The Light Center schedule is detailed in Table 1.

### **Participants**

A purposeful sample was used to gather participants included in this study (Patton, 1990). Purposeful sampling is defined as having a population that have the ability to purposefully inform an understanding of the research question(s) and/or phenomenon (Creswell, 2012). Purposeful sampling selects information-rich cases for in depth study (Patton, 1990). The type of purposeful sampling used within this study was critical case sampling, which allows the researcher to make logical generalizations based on the information collected (Creswell, 2007).

The inclusion criteria for this study were mothers who were 18 years of age or older that had young children between birth to five years old and/ or who were pregnant. Because the Light Center and the community has the capability of changing, the mothers needed to have participated as a client. This in turn will allow the researcher to learn about the current needs and supports of the mothers within the program. Lastly, the mothers needed to have their children enrolled in the Early Head Start program at the Light Center while the mothers were participating in the residential treatment program. If the mother was pregnant, the child was expected to be enrolled in the Early Head Start program after birth. This was important inclusion criteria because it confirmed that the mothers would use at least one child development service within the program for their young children. This supported the researcher in further understanding mothers participating and using all of the services provided at the Light Center.

In total, six mothers ranging in age between 26- 41 years agreed to participate in this study. Each participant had a child between the ages of 0- 3 years old. All of the participants had multiple children between 0- 22 years of age. Four participants were currently participating in the program, while the additional two participants had graduated the program and were currently living in transitional housing. Additional information about the participant demographics are detailed below in Table 2.

### **Instruments**

To understand the experiences of the participants in the study, data were collected using two instruments: a questionnaire and a semi- structured interview. The first tool,

the questionnaire, was designed to collect demographic information on the participants. The information collected included ethnicity, age, languages spoken, start date in the recovery program and ages of children. Additionally, the questionnaire asked for information on family members, favorite family activities, reason for being part of the program and goals for future. The questionnaire is located in Appendix A.

The second tool, the semi- structured interview, was implemented to gather detailed information about the mother's experience within the Light Center. In a semi-structured interview, also known as a guided interview, the general structure of the interview is similar for all participants, but the questions can vary based on the individual participant and their specific or unique story (Lichtman, 2013). The flexibility of the semi-structured interview allows the researcher to gather more meaningful knowledge specific to each interview and participant.

The semi- structured interview questions were designed and organized based upon the Family Systems Theory (Turnbull et al., 1984). The interview questions sought to gather insights in terms of the roles and/ or influences that family characteristics, family interactions, family function and family life cycle play in their everyday lives of the participants and their children. Questions revolved around family roles, daily living routines, interactions with staff, peers, teachers and children, leisure activities, stressors and coping strategies. The questions gave the participants the opportunity to share their individual experiences about themselves, their child and their family while in the residential recovery program. The semi- structured interview questions are located

Table 1.

*Treatment Schedule*

	Monday	Tuesday	Wednesday	Thursday	Friday
9:15- 10:15	Acupuncture		Acupuncture	Acupuncture	Acupuncture
10:25-11:20	Journaling		Lifespan Development	Wellness or Parent- child Playgroup or Prenatal Parenting	Nurturing Skills
11:30-12:30	Domestic Violence	All- Day Outside Appointments & Meetings	Seeking Safety or Recovery Foundations	Education Resources	Community Recovery
12:30- 1:15	Lunch		Lunch	Lunch	Lunch
1:15- 2:15	Recovery Skills & Mindfulness		Recovery Skills/ Seeking Safety	Recovery Skills	Recovery Skills or Infant Massage
2:15-3:15	Dance Art for Relaxation		Food Safety Training	Anger & Communication	Knitting

in Appendix B.

### **Researcher Perspective**

After graduating from the University of California, Davis with a Bachelor's of Science in Human Development, I began working towards a Masters of Arts in Special Education with an emphasis in Early Childhood Special Education and my Preliminary Education Specialist Instruction Teaching Credential in Early Childhood Special Education. While completing my graduate studies course work, I worked as a teacher with the Early Head Start (EHS) program with high risk young children (0-3 years) and their families at the Light Center. Working as a teacher within this setting influenced me to study this population of mothers and young children to better understand their perspectives and lives. Specifically, I noticed a need for improved family partnerships and collaboration between teachers and parents. Within my graduate work, I learned that family partnership and cultural competency were essential components in collaborating with families to create the best support services for the child and their family. However, as a teacher it was challenging to make meaningful relationships with the families in the Light Center due to a limited understanding of the experiences of families. This study was driven by my desire to better understand mothers in recovery and how best to serve them to build stronger relationships. I believe that in order to create stronger partnerships, relationships, and cultural competencies, we as teachers and staff members must understand the population that we are interacting with to provide them with the necessary supports.

Table 2.

*Participant Demographics*

Name	Age	Ethnicity	Language	Program Start Date	Current Program Level	Ages of Children	Family Members
Briana (06)	41	Mexican American	English/Spanish	February 2015	Alumni	2.5 years old	1C
Christian (01)	26	Hispanic/White	English	October 2017	Orientation	2 years old 1 year old	2C, PG, D
Cassie (05)	40	White	English/Spanish	October 2017	Level 1	22, 19, 14, 3, 0	4 C, UC, M, S
Grace (04)	29	Hispanic	English/Spanish	December 2017	Level 4	6 & 1.5	2 A, C
Sam (09)	33	African American	English	February 2017	Level 2	3 months	FM, FS, M
Celina (10)	36	Caucasian/Italian	English	December 2015	Alumni	20 months & 17 years old	2 C, S, N

C- Child, UC- Child in utero PG- Paternal Grandma, D- Dad, A- Aunt, FM- Foster

Mother, M- Mother, S- sister, N- Niece, FS- Foster Sister

## **Procedures**

To begin the study, the researcher communicated with the director of the Light Center and then the University Human Subject Approval committee to gain approval. Upon receiving this, the researcher coordinated with the executive director of the Light Center in order to find a time where all individuals with young children that were currently in the program were able to meet about the proposed research study. Eight women were enrolled in the Light Center who met the requirements of the research study.

The researcher organized and presented a 10- 15-minute information session about the research study to the group of women with children in the recovery program. The women who were interested in the study were encouraged to stay after the presentation to discuss the study further. Out of the group of eight women who were presented with information describing the research study, five women remained and expressed their interest in moving forward with the study.

The researcher then used 10- 20 minutes to explain the study in detail to the five women. The interested participants were then invited to sign the consent form and fill out the demographic questionnaire. Each participant was given a number that will be used to identify them within the study for confidentiality purposes. After the questionnaire was completed, a copy of the consent form and an appointment confirmation handout was given to the participants that included the participant number, the location, time, and date of the interview for their records. The appointment confirmation handout is included in Appendix C.

To increase the number of participants in the study, the researcher worked with the executive director and supervisor of the Early Head Start to contact additional individuals who had completed the program. The executive director invited the researcher to attend the alumni reception for women who had recently completed their stay at the program. Twenty individuals attended the alumni reception, but only two individuals met the inclusion requirements of the study. These two individuals were interested in learning more about the study. The researcher contacted the participants by phone to schedule a time to meet and further discuss the study. One of the individuals that were contacted via phone participated within the study.

The semi- structured interviews were conducted with each individual participant at the agreed upon time. The interview was conducted in an available private room or private office at the Light Center. All the participants were asked permission if the interview could be recorded and all agreed. Each individual interview lasted between 24-70 minutes, with the average time being 47 minutes. The participants were offered children books ranging between \$10- 15 after the interview as a sign of appreciation.

Each interview recording was transcribed by the researcher. To check for accuracy and provide participants an opportunity to make additions/ revisions to the transcription, the researcher worked to contact the participants of the study. Two participants were contacted through phone since they provided contact information. Other participants were handed a copy of the transcription in person at the Light Center. In total, the researcher was able to return the interview transcriptions to three of the

participants in the study where one participant had further additions/ revisions. The other three participants whereabouts are unknown to the researcher and the staff of the Light Center.

### **Data analysis**

The questionnaire was reviewed and analyzed by the researcher. The information listed included age, ethnicity, family members, ages of children, start date and current program level. This data provided background information on each participant in the study. The information compiled from this instrument is detailed in Table 2.

The semi- structured interview was recorded and transcribed verbatim by the researcher. The researcher used Lichtman's (2013) three C's of Data Analysis: Codes, Categories, and Concepts to organize the transcribed data.

First, each individual transcription was reviewed and summarized into initial codes such as outgoing, sense of humor, mother, giving, playful, paternal grandmother and child influences. The researcher reviewed each interview page by page commenting and summarizing the codes found in the data.

Secondly, after a large amount of initial codes were developed these codes were then collapsed and modified by the researcher into smaller more refined codes. Some refined codes included personality characteristics, family roles, and support system. These refined codes in each individual interview were then collapsed and organized further into four overall categories based on the Family Systems Theory which included Family characteristics, Family interactions, Family function, and Family life cycle. The

researcher then read through the interview transcriptions and began to organize the codes within these four categories.

Thirdly, all interviews were compared and contrasted to the additional interview transcriptions collected from other participants. This allowed the researcher to understand and organize the code items that were similar and/or different between the interviews of the participants. Additionally, this allowed the researcher to note the similarities between refined codes that were organized with the four categories within the Family Systems Theory within the various interviews.

Fourthly, the researcher created organized categories with subsets and/or subthemes from the refined codes based upon the Family Systems Theory. The categories created included interactions, family roles, challenges, coping strategies and environmental changes. The researcher then highlighted these categories based upon the four components through color coded labels on the transcriptions reviewed.

Next, the researcher organized and modified the categories based on the review of transcriptions by experts in the field. Thirty percent of the transcribed data was reviewed by two experts in the field and the researcher of the study. One expert was from the early childhood special education field, while the other was the former director of the recovery program and parent child care center at the Light Center. The experts electronically communicated their insights on the emerging themes through the data. One expert expressed the importance of the resilience in the mothers. As a result, the

researcher incorporated this theme into the data within the study. The input of the experts supported the validity of the categories created through data analysis of the researcher.

After, these categories were revisited, refined, and organized based on importance of the research aims, questions, and Family Systems Theory. The researcher reflected on the research question “What are the perspectives of mothers with young children within the residential recovery program?” and organized the categories to further answer this posed question.

Lastly, the major concepts and themes were created based on the feedback of the experts and the researcher’s input. The major themes created and used within the study were Impacts of Familial Roles, the Power of Interactions, Tenacity in Obstacles and Client Growth & Change. The major themes in the study are discussed further in Table 3 of the study.

### **Chapter 3: Results**

The study sought to understand the perspectives of mothers with young children within a residential recovery program called the Light Center. Six interviews were conducted to examine the experiences of these mothers using the Family Systems Theory (Turnbull et al., 1984) to organize these data. Within data analysis, four major themes emerged which include Impacts of Family Characteristics; The Power of Interactions; Tenacity in Obstacles and Impacts of Change. Each of these themes and the subthemes within, are outlined in Table 3 and detailed in the following section.

#### **Impacts of Family Characteristics**

The Family Systems Theory (Turnbull et al., 1984) views families as a complex social system where characteristics can affect each individual within the family. Because the characteristics of a family influences each family member, examining these can be used to better understand the family as a whole. Family characteristics include the number of individuals in the family and the family constellation, cultural style, and ideological style (Hanson & Lynch, 2013). Within this study, family characteristics assisted in an understanding of the unique qualities of the mothers and the family members who influence them. Within this theme, a subtheme emerged: The Influence of Familial roles on Mothers.

#### **The influence of familial roles on mothers.**

Each mother within this study had unique and individual experiences with family members that impacted their lives. Six mothers within the study expressed the family

Table 3.

*Themes*

Themes	Participants					
	Briana	Christian	Cassie	Gray	Sam	Celina
<b>Impacts of Family Characteristics</b>						
Influence of familial roles on mothers	✓	✓	✓	✓	✓	✓
<b>The Power of Interactions</b>						
Significance of meaningful relationships with staff and peers	✓	✓	✓	✓	✓	✓
The development of meaningful parent-child relationships	✓	✓		✓	✓	✓
<b>Tenacity in Obstacles</b>						
Challenges that mothers face	✓	✓	✓	✓	✓	✓
Resiliency in mothers by use of coping strategies	✓	✓	✓	✓	✓	✓
<b>Impacts of Change</b>						
Mother growth & change	✓	✓		✓	✓	✓

members in their lives that influenced them, both positively and negatively, as they participated in the residential recovery program.

All mothers have at least one member of their family who has supported them in some way during their stay at the Light Center. For example, Christian expressed that Lia, the paternal grandmother, played a supportive role in the family life by providing materials, resources and childcare for Layla and Gray (Christian's two children). Christian described Lia by saying, "she [came] with everything, she [took] us out everywhere [bought] us everything. She [came] with gifts all the time for [her grandchildren] whether it's toys or clothes or you know food or not she [came]." Lia provided support with childcare by expressing her availability to care for the children when needed and by providing resources and materials such as clothes, toys and food to meet the needs of Christian, Layla and Gray.

Another example of a strong family support is with Grace, whose family provided emotional support while in the program. She explained "[My two aunts and older sister were] really proud of me and where I'm at right now". Additionally, her aunts provided a place for Grace and her daughter, Allison, to stay and relax on the weekends. Sam expressed that she is close to her foster mom and sister who she stated, provide "emotional support sometimes, sometimes [they] can be like cheerleaders, they tell me to keep going". The foster family comes to visit when possible and communicates with Sam by telephone while she is in the recovery program.

Some mothers are influenced by the positive feedback and support given to them from their children. Cassie stated that “[my] sons are like [my] backbone. They are my world. We are very close I tell them everything.” Cassie discussed how her sons feel about her being in the Light Center, stating “they are happy that I am here. It makes them more positive because they know I am doing positive things... They just know I am around positive people and that I am not lonely”.

Celina also described the support she received from her two sons and her sister: My sister and I are like, we text each other a lot. [We are going to] spend thanksgiving together so we are just kind of repairing our relationship... I am [Jaylen’s] provider, his caretaker, his person... And then my teenager [Gray] have a different relationship, he’s really proud of what I’ve been doing and we really bonded, I like raised him for three years... but I think I’ve kind of missed out on the parental role the last couple of years the last five years so you know we are friends, but I would like to reestablish more of a mom role for him.

In contrast, five mothers discussed having to distance and/or isolate themselves and their children from family members in order to remain focused on their recovery. For example, Cassie explained the distance between her and her mom. She stated, “I am distant from [my mom] and my sister sometimes I am distant from them and sometimes we are close.” Similarly, Grace discussed how she has to keep distance from her mother and her little sister. Grace explained that when she was in Los Angeles, “I really have to keep my distance because I have a mom who drinks and a little sister who is in her active

addiction. So, for me that's like I don't want to jeopardize, I just don't want to jeopardize my recovery in any way". Both Cassie and Grace further shared that they have family members in their addiction, which means these family members are actively using drugs and/ or alcohol. These mothers both expressed that you cannot be close to family members who are in their active addiction when they are sober. Cassie stated "you can't have someone who is sober and someone who is not sober. So, when we find each other when we are sober or find each other when we are both not sober that is when we are closer". As a result, both mothers distanced themselves from these family members until they were either both sober or in their addiction.

Half of the mothers discussed how family influences had negatively impacted their mental health, leaving them feeling in emotional distress. For instance, some families like Briana have lost custody of multiple children throughout their lives. Briana stated that losing her children before Ally "... still weighs heavy on [her] and that event still runs in her mind every day." Some mothers have discussed family experiences that have caused them to express low self-esteem and to internalize negative feelings about themselves. For example, Sam expressed that her biological mother never comes to visit her or her daughter, even though she lives in the same city. As a result of this experience, Sam stated that, "I feel a little bit... I don't know if rejected would be the word but yeah just not really cared for in that department". Celina discussed the dysfunction in her family and how that caused her to feel emotional turmoil. She explained,

My parents got divorced when I was seven. And my mom and dad were an Italian family and it was really normal growing up to hear fighting and arguing and yelling. And so, I didn't realize that that's not normal as a kid. I remember internalizing some of their fights and blaming myself for them. And I [ think] there were some alcohol and drug problems with my dad...I remember being put in the middle of some of the fights. I just know my parents did their best and they were loving and wonderful people but for some reason I had a lot of like emotional turmoil and just wanted to like I don't know. I just had a hard time with my family.

### **The Power of Interactions**

Within the Family Systems Framework (Hanson & Lynch, 2013; Turnbull et al., 1984; Turnbull & Turnbull, 2001), Family Interactions represents the relationships between the different family members. The importance, and power, of these interactions were clear with all six mothers living within the Light Center. Given the nature of this intimate program, important interactions were demonstrated not only by biological family members, primarily seen within their children, but also the staff and peers within the program that became like family. Two major subthemes emerged in this theme: 1.) Significance of meaningful relationships with staff and peers, and; 2.) The development of meaningful parent- child relationships.

#### **Significance of meaningful relationships with staff and peers.**

All the mothers in the study expressed having meaningful interactions with staff members which include child care teachers and residential staff. Specifically, the mothers talked about their interactions with residential recovery staff members that included: actively listening and communicating feedback, providing advice, and offering strategies on how to work through the challenges that arose. As a result, the mothers felt safe enough to build trusting relationships with staff and focus on their recovery. For example, Sam expressed that “I feel comfortable. If I need to [ I can] reach out or talk or vent with some of the staff here or with the fellow clients here.”

Another mother, Christian, expressed that:

Gina is always, she’s always been here since I’ve been here the whole time. But we have a lot more conversations then I have with any other staff. She’s so open to me at least on what’s going on with me. We make a lot of jokes together, but there are times where I’ve come in the office and she just knew that I, how I was feeling in my day. If I was going through something, she would give me a hug and she would let me know that she’s there whenever I needed her if I wanted to talk about anything. And my kids are really close with her. She’d wake up every morning to say ‘good morning’ to my kids.

Some of the mothers detailed beneficial interactions provided by the staff to assist in their recovery. For example, Grace talked about a memorable moment sharing “I remember there were so many times when I wanted to leave and I would just talk to her and just let her [staff] know what is going on. And just not giving up and everyone just

telling me staff and family told me to write it out and I thank God that I was able to write it out”.

Similarly, Briana expressed that:

[A staff member and I] kept in touch on Facebook. Uh she would sometimes um support me with the baby. And I can call her whenever I felt like I needed to talk to somebody. And, so that to me means a lot and if she did that for me, I’m probably pretty sure she did that with a lot of other girls. And so, every time when one of us is going down the wrong path I’ll call her and let her know. Cause she was, she was always everybody always thought really bad of her she was always the one that would tell you the truth and so sometimes I say “can you call what’s her name and let her know this, this, and that”.

Interactions with the teachers in the child care program also provided meaningful parenting strategies to mothers about their children. Four mothers discussed their interactions with child care teachers while in their program, sharing how they provided verbal strategies and opportunities for mothers to observe positive adult- child interactions in the classroom, including when there was a challenging behavior. For example, Grace expressed that one teacher provided her suggestions “on things that I didn’t know how to deal with. It’s been very nice to get [teacher] feedback.” She elaborated a specific example on teacher feedback:

For instance, say Allison [is] having a fit. She tells me to lay her down or whatever it is and let her just throw her fit. Me. I would’ve just become before I

would've been very impatient with her. It's nice to get that feedback from her.

Like or you know, not just that or when she is saying new words or when she is playing. It's nice to hear about the new things she is able to do now.

Another mother, Briana described a meaningful moment between her and a teacher named Winter that provided her with ways to meaningfully interact with her daughter. She explained, "Winter was really nice and when she left it was hard for me because I would see how attentive she was with Ally and you know how she was like if I walked in and she was doing potty or something she would be like 'shh' you know what I mean like give her space, she's doing her". In addition to the moment described, Briana discussed another meaningful interaction between herself, her daughter, Ally, and Winter where they, Briana and Winter, were able to give Ally a bath in the classroom. This bath was given to Ally to help her feel comfortable while in the classroom. Similar to Briana, Celina had many special moments with Gray [son] and his teacher. Celina expressed:

I used to come in and sorta observe for a few minutes or longer throughout the day and umm trying to think um well, I could just really tell that she [teacher] had a genuine care for my son and the way that he. And the first time he said I love you was to the teacher and so that was kinda cute. And the way that my son would go up and trust her and high her and be okay with me leaving and her teaching him how to blow a kiss and turn pages of a book and you know all the first things... I wish that teacher could've stayed because they really really bonded.

Because of the meaningful trusting relationships built between the parent, teacher and child, mothers like Grace, Celina, and Briana noticed when there was a change in staff. Due to the strong trusting relationships created, the mothers were impacted by the loss of the teachers they bonded with. Thus, in turn, the mothers had to diligently work hard to form relationships with new teachers that came to the program.

All but one of the mothers expressed that they had friendships with fellow women in the program that built a strong bond and sense of family. These interactions allowed the participants to interact with a diverse group of people with a wide range of backgrounds and learn from one another. For example, Celina and Cassie discussed having friends in the program that they considered “really exciting and pretty cool”. Celina discussed how her friend in the program also had a child which she thought was “really special”. Christian discussed a meaningful friendship between herself and a peer in the program, stating:

Me and her [peer] would always sit there and do that [watch movies and eat ice cream] and out of those bonding times the most memorable thing was when me or her had something that was bothering us or if we were going through something we would tell each other we would walk in and we would be like alright we are going to go to go to the store, we are going to get some ice cream and we are going to talk about it. And so that was like big for me and her and we knew that our comfort for each other was food and conversation.

Four mothers discussed the creation of a new support system consisting of the women that went through recovery at the Light Center. Even after completing the Light Center, two mothers expressed that they still communicated with, checked in on their peers and provided support to each other. Briana expressed that:

Well, all I can say is that I keep in touch with a lot of the girls that I came here with you know. I left my old life behind. I don't talk to those, I don't talk to anyone. Every one that I talk to in San Francisco came from the Light Center. And where ever their journey you know everybody's journey is different but we all still talk we kinda all still support each other and pull each other up and like we learned here you know. And I feel like we treated each other like more than friends when we were here, like everybody would pull each other up everybody was rooting for everybody to graduate you know and it still continues to be like that when somebody relapses we still try to pull each other up and encourage them to come back. So that to me is memorable.

In addition to making friendships, one mother expressed having the opportunity to resolve conflicts and disagreements between peers. For example, Sam became irritated at a peer, Des, and their child during dinner where she responded by storming out and calling the peer "a psycho". Later in the day, Sam had the opportunity to discuss and solve the conflict with Des. After the conflict was resolved Des supported Sam by watching her child. Once the conflict was resolved Sam said:

It made me feel relieved that it was talked about instead of me just stewing over it or being more irritated in the future. And then also it looked good because one day my daughter may have outbursts or whatever. It made me realize how I would want to deal with it and yeah.

**The development of meaningful parent- child relationships.**

In response to their time at the Light Center, some of the mothers emphasized a new-found importance of positive interactions with their children. Specifically, five mothers with children reported memories or strategies that related to the importance of building meaningful bonds with their children through interactive play while within the Light Center. These were learned through the Early Head Start program, the interactive play groups, and parent- child mental health groups within the residential recovery program. For example, Sam discussed that her most meaningful part of the day is bonding with her child explaining, “The time after program that I have with Aaniyah to bond with her, just be there and get to know her and see her grow up and get to do stuff. Most of the day when I see her is just to feed, so I don’t get all that much time with her”.

Similarly, Grace talked about the strong bond she built with her daughter after being in the Light Center, stating:

Before, she umm slept a lot, I wasn’t giving her my full attention and I went [in the Light Center] such a long time without my phone and it was really nice. We have such a close bond now, I read to her now and play with her now. Before [the

Light Center] I was always on my phone honestly or getting high. Now I don't have to get high today to have a good time with her.

Some of the mothers also described different strategies they learned to bond with their child. For example, Sam described her interaction with Aaniyah:

She makes sounds and baby talk and um comb her hair and she likes her bath time and splashes in the water. I do infant massage that they taught me and you know use the oil and stuff and have her relax and take pictures of her sometimes.

Similarly, to previous mothers, Christian discussed meaningful ways to interact with her children that she learned from the Light Center:

You can teach [kids] about animals, you can teach [kids] about different types of colors, you can teach [kids] about textures you can teach [kids] about sounds and umm a lot of sharing umm food and they show you different ways of teaching umm these things. Whether its singing or reading it or uhh painting it or you know. There's so many different things that they teach you in here about different techniques and ways 'of going about it and showing you that every bit of those moments can be fun and that's what makes it more interesting and makes it stick more.

### **Tenacity in Obstacles**

Within the Family Systems Framework (Hanson & Lynch, 2013; Turnbull et al., 1984; Turnbull & Turnbull, 2001), Family Functions represents the fulfillment of the

needs of the families. Some of the needs include economics, physical and health care, socialization, environmental and/or housing. Most commonly, the mothers in this study emphasized specific challenges they are facing that had major influences on their family function, and how they needed to cope with these challenges. Within these findings, three subthemes emerged Challenges that mother's face, Resiliency in mothers through the use of coping strategies.

### **Challenges that mothers face.**

Five mothers in the study were impacted by challenges that influenced their ability to meet certain functions, including economics, housing and environment and socialization. For example, two of the mothers shared their experience living outside of the Light Center in transitional housing programs known as shelters. These mothers expressed limited control in their housing environment due to their exposure to unsafe situations while residing in shelters. Briana talked about her difficulty living in the shelter, stating:

It's difficult being there 'cause you don't know what's going to happen it's kind of [makes you have feelings of] helplessness when you don't know what's gonna happen. Every day you get there and somebody could just be thrown out or it could be peaceful or just anything could happen so it's not it's basically like not safe I guess and then for me I feel as if I am still in recovery. I still have to recover my life and figure out where I am going to go and in a shelter it's basically like I am not going to find a place to go after that shelter so I feel like

I'm going to go from one shelter to another. And 'cause I am not going to find housing especially with my income. I'm not going to find that housing and so I'm kind of like already telling myself that once I get outta this shelter that's what's going to happen.

Similarly, Celina described the challenges she faced while residing in the shelter with her child. When Celina started living in the shelter, its focus was to support families in recovery. However, due to loss of funding sources this shelter was turned into an emergency shelter for all families with no more of a focus on families in recovery. As a result, the support for families in recovery was terminated. Celina reported her experience within the emergency shelter, discussing the stressors faced:

We were told that we could stay for two years but now there's supposedly that's still being honored but now the families that moved in are harm reduction and not recovery based. There's families clearly on drugs some have already been kicked out because of drinking and yelling. I don't feel safe in my environment anymore and so there basically families coming from the street and some of them have the street mentality, not all of them. I already had my money stolen... So, I'm having some traumatic memories of my old lifestyle with some of the families that moved in. So, they put up a smoking section out on the playground so it's just changed.

Additionally, Christian expressed the lack of control she had in meeting her needs while within the Light Center specifically with housing and spacing. Therefore, Christian

was not always able to meet the needs of her family because of the limited amount of control in her daily life, when it came to socialization or leisure. Christian talked about the challenge of not being able to control her space or time in terms of staff check-ins and having alone time. Christian stated:

I would say getting, having your own space. You know people in I would say mainly staff over invading your boundaries... I get that the staff want to make sure you are okay and check in on you but at the same time when you teach somebody boundaries and a person says whether or not they are feeling okay or not and [staff is constantly] bothering an individual about it.

Some mothers expressed difficulty finding better affordable housing opportunities after leaving the recovery program, due to their limited financial stability and/ or income. The lack of financial stability created a lack of choice in regards to the housing environments opportunities that met the needs of the mothers and their children. For example, Sam expressed:

Worrying about long term financial stability for my daughter and I. Just figuring out what type of job I would go after and where I would live because even with a job in my field which is social work that I got my degree in umm that still sometimes isn't really enough to get by in this city. So, I would need to think about if I would even want to be in the bay area or if I would want to go somewhere else. Then how to get started there. Housing is I guess pretty tough to get here so that's my main concern.

Similarly, Briana discussed her experience searching for apartments with a limited income, stating:

I am applying to apartments, I know I will never be able to afford. Like I am applying for apartments where the minimum rent has to be at least 1500 dollars and you need to make at least 4000 dollars a month. And like to me that's not something that's gonna happen in the near future, you know but that's all. So, I'm applying for apartments that I'm never going to be able to pay for even if they do call my number... Even if my number gets called and I'm the first one to get that apartment when I get there I'm going to be like 'welp, I don't have the income'. So, it's kind of like what's the point, but the point is that hopefully by the time something comes through for you it could be two years from now, a year from now; it could be whenever.

#### **Resiliency in mothers through the use of coping strategies.**

Resiliency can be defined as an ability to adjust easily from misfortune or change. Six mothers expressed resiliency through the use of coping strategies which helped them continue to work diligently to complete the recovery program. Throughout the program, mothers have started to learn and use a variety of strategies and/or activities to cope and/ or alleviate stressors that they have faced. Celina continued to persevere and continue her recovery regardless of her challenging circumstances. She stated that:

It's really important to keep my recovery strong and stay sober... just have to have faith that everything is gunna work out and I keep applying for [housing] and yea,

it's uncertain but at the same time I have everything I need and we are taken care of right now.

Even though the Light Center had a lot of requirements of their participants, two mothers discussed the importance of staying focused and motivated on their recovery for their children. Celina continued to work towards recovery by using her child as her motivation. Celina stated:

It was really challenging on the one hand because program I mean asked a lot of me so I sometimes I felt like the other girls that don't have kids didn't realize how tiring it really was for us because we really didn't have a break. Like the other girls would be able to just kind of rest and [you know] not being pregnant or having a newborn and being woke up throughout the night and not being able to have many breaks throughout the day. So, it was a really tough program but on the other hand having a kid was like, a huge motivator. So, I think, I got a lot of support here that I wouldn't of had.

Briana expressed the importance and worth of having the opportunity to complete the program and continue her recovery within and outside of the Light Center. She expressed:

It was physically hard it was I guess mentally hard. It was overwhelming I want to say because I feel [like] after I got clean or after you know the drugs are out of your system more or less, I feel like there's this heightened feeling of your surroundings. All of the noise is loud you know [they] people talk loud and it's

just some kind of [just] a different world is opening up for you. I want to say scary because you don't know what's going to happen next so you know there's a lot of fear involved... Being here in the program working on myself and having Ally [was] do able. And I feel like Ally got so much, so much from here that you know it just makes it worth it.

Although, Briana discussed the challenges and difficulties she faced while working towards recovery, she continued to work hard by emphasizing the positive impacts that influenced her and her family.

Three mothers described reflective strategies such as journaling and conversing with others that were used to help mothers mitigate the strong want of quitting the program when faced with stressors. For example, Grace expressed that, "Everyone just telling me staff and family to just write it out write it out and I thank God that I was able to write it out", which helped her cope with challenges. Another mother, Cassie discussed the challenge of not having the ability to care for her daughter and the strategy she used to cope sharing that, "I just talk about it with other people and I know in my heart I will see them some day". Christian discussed communicating and advocating for what she needs from staff when facing difficult situations. For example, she expressed "Voicing it voicing my opinion on what's going on to the staff in a nice manner and letting them know [her needs]".

Additionally, two mothers expressed the importance of maintaining a home environment by creating a controlled space as a way to cope with the challenges and

stressors they face. This environment was created by mothers to allow time for them to focus on their recovery without stressors or factors that would negatively impact their recovery. One-way mothers were able to do this was by continuing to stay in a safe and healthy environment for themselves and their children. For example, Briana focused on her continued recovery by staying sober. Briana stated that, "I surround myself with people who are sober that's cool too, I like that you know". Because of the continuous interactions with staff and peers in the environment, Christian expressed that she has her own space in her room, if she needs to take time for herself while in program to regulate her emotion or take a break. These breaks allow Christian to regulate herself which can limit stressful conflicts and arguments with peers, staff and children.

Another coping strategy, participating in leisure activities were used by mothers within their daily routines to mitigate the stressors. Leisure activities supported mother's recovery by encouraging relaxation. Even though all mothers expressed the importance of leisure activities, individuals expressed activities and leisure routines that uniquely benefitted them. For instance, Briana keeps herself busy and engaged by volunteering, going to the library and looking at books with her daughter, meeting up with the girls, and going to meeting in big groups. Additionally, Sam expressed finding sober environments and using her family support system to maintain her sobriety. Both Sam and Christian participated in leisure by taking time to herself to relax in different ways such a watching movies or napping. Grace's strategies of leisure include reading, exercising, and focusing on nutrition and eating healthy.

## **Impacts of Change**

Within the Family System's Framework (Hanson & Lynch, 2013; Turnbull et al., 1984; Turnbull & Turnbull, 2001), Family Life Cycle represents the changes that can cause stress and influence the functioning within a family. Within this study, the mothers faced a multitude of changes such as moving into the Light Center's recovery program with their children and following new routines which had impacts on the family system. The new housing environment allowed mothers to make changes within their lives which impacted their recovery and family system. One subtheme emerged within the findings, Mother growth and change.

### **Mother growth and change.**

The mothers in the study continuously expressed how they changed while working towards recovery within the Light Center. Residing within the program allowed all the mothers in the study to acknowledge that they needed to make changes in their lives to continue moving forward within the recovery process. Five mothers discussed growth and change in at least one of three different areas which consisted of their openness to learn, their parenting skills and within their communication skills. As a result of moving within the Light Center, five mothers began to grow and change by applying the knowledge learned in the recovery program to meet the unique needs of themselves and their children.

Major life changes such as entering and residing within a residential recovery program supported many of the mothers in becoming more open and flexible within the

recovery process which impacted their family system. Five mothers expressed increased openness and flexibility to the structured environment and/or insights and feedback of others as a result of the trusting relationships built within the program. For example, Christian was able to make changes internally by becoming more open-minded to seeing the perspectives of others by building trusting bonds. She expressed that:

A year ago, I would've been like no you know this is how I feel, this is the way I want to do it whether or not this is healthy for me or not. I want to do it this way and I remember myself being like that and I sit here, I can sit now and be like, knowing that I am more open, everything comes more easier rather than before when I was just really persistent on just being in my own ways and it made it a lot easier. I get to hear more of the words of everybody talking and being [able to] participate in groups, I get more out of recovery.

Being within the program for an extended amount of time, allowed some mothers to acknowledge that they needed to make changes in their lives to gain more privileges within the Light Center. Similar to Christian, Celina was aware that she needed to make changes within herself to succeed. Celina expressed how the Light Center's structured routine affected her openness to change, stating that:

I didn't feel like, I had trouble leveling up and it was really hard because I wanted these privileges but at the time I didn't realize that I wasn't ready for them and having to really surrender my way and do like a different way. I just like wanted

to do things my way and thought I was right, but I looking back [it]really helped me to have all the rules and structure.

Three mothers expressed their growth in communicating with a variety of individuals both peers and staff members. Before entering the Light Center, some mothers were not open to the perspectives of others which impacted their ability to communicate with others. Sam expressed growth in her communication skills by being open to learning how to interact and solve conflicts with individuals. Briana expressed her growth in communication by stating what she learned at the Light Center:

How to relate to other women, how to relate to older staff members and how to talk to the younger kids you know. You know younger people you know. Yeah, I needed to learn all that.

While residing in the Light Center, five mothers expressed their increased amount of knowledge with parenting skills. The increased knowledge learned in parenting allowed mothers to change and better their interactions with their children. Four mothers expressed having an increased amount of knowledge in parenting skills when working with the development of their child. Being able to effectively use learned parenting strategies allowed mothers to effectively care for their children. For example, instead of using drugs, Grace discussed an internal change in regards to the importance of interacting with her child, stating that:

Being able to keep my temperament really chill like my daughter, she's so happy and you know just giving her my attention and reading to her and just giving her

my time. If I was out getting loaded, like even, I wouldn't get excited for the littlest things, [Allison] talking, that pretty huge for me.

Similarly, Briana expressed her increased understanding of her daughter's personality by implementing learned parenting strategies on how to respond to young children in developmentally appropriate ways. Briana discussed the changes she implemented with her children in the Light Center, saying that:

I learned how kids react you know to certain events I want to say. There is you know there is times you know I can tell Ally is happy because like at the library she is running around, she's doing this and that and that's something that I kinda don't remember to much about my other kids. I just remember that I made them do what I wanted them to do and I didn't give them much of a choice you know.

Furthermore, residing within the Light Center allowed some mothers to change their thought process and ideas of education. Two mothers showed growth in their willingness to increase their knowledge and education by going back to school. Grace expressed that "I am not so much complacent anymore. I was more complacent before and [now I am] being in school and learning and catching up on what I have been missing out on." Likewise, Sam expressed that she is starting to think about continuing her education by working towards a Master's degree.

## Chapter 4: Discussion

This study examined the unique experiences that mothers with young children within a residential recovery program faced and the impacts it had on their family's lives. Using the Family Systems Theory (Turnbull et al., 1984; Turnbull & Turnbull, 2001), the study examined how stressors such as poverty, homelessness, and addiction affected these family's lives and experiences. Data were collected through questionnaires and semi-structured interviews. As detailed in the findings, the analysis of the data revealed understandings that were organized into four themes: Impacts of Individual Influences, Power of Interactions, Tenacity in Obstacles and Impacts of Change. Each of the themes will be further discussed below.

The findings within the theme, Impacts of Family, demonstrate that family plays a large role in the lives of mothers in the recovery process with their young children. The emotional and physical support of family members helped mothers to feel more efficacious in their ability to nurture and care for their own children which in turn supported the development of their self-esteem. Consistent with the Family Systems Theory (Turnbull et al., 1984; Turnbull & Turnbull, 2001), these findings support the importance of understanding the family as a whole interconnected system that provides effective support. This supports the structure of the Light Center as it provides multi-faceted, family focused care that includes a residential recovery program, the Early Head Start program, healthcare services and the in-home services.

The findings within the theme the Power of Interactions, demonstrated how mothers within the residential recovery program were able to strengthen relationships

with peers, staff and their children due to the continuity of care within a family focused environment. Data emphasized that mothers had program staff and peers who became a second family to interact and learn from which was key in supporting their recovery. The DEC Recommended Practices emphasized the importance of “building trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic and socioeconomic diversity (DEC, 2014, p.10)”. Providing opportunities for staff and peer models to show active communication, listening and parenting skills helped mothers to gain strategies for appropriate and meaningful parent- child and mother-adult interactions. Resources- including parenting classes, parent- child playgroups, and staff and teacher modeling and communication about parent- child interactions were beneficial in supporting improved developmentally appropriate interactions and relationships with others. In addition, it helped mothers understand the importance of child interactions and how that plays an important role in creating meaningful parent- child interactions and relationships.

The findings under the theme Tenacity in Obstacles demonstrated, that the mothers were faced with challenges including limited financial stability, housing opportunities and an increased amount of responsibility which impacted how they functioned within their family system. The Light Center, staff and teachers helped to support family functioning throughout their transitions and difficult experiences by providing them with resources, support and strategies they could use to cope with their experiences. Similar, to previous research studies (Conners et. al, 2001; Corr et al., 2016;

Hanson & Lynch, 2013; Sleisnick & Erdem, 2013), mothers have discussed multiple factors in the community that have impacted them and their children which included addiction, and the continuous cycle of low-income housing and poverty. Therefore, the experiences of mothers show an increased need for educational resources within the Light Center and in the community that can help mother's break the recurring cycle of homelessness, low- income housing and poverty within their lives.

Within the final theme titled Impacts of Change, participation in the Light Center allowed mothers to have the ability to become more flexible and open-minded to making changes within their lives that influenced the family system. Mothers made changes by implementing feedback within their recovery process, including parent-child interactions and within their communication with others. Consistent modeling and relationship building supported mothers in alleviating stressors which helped mothers to focus on recovery and make internal changes to continue their recovery process. As a result, transitioning into the family focused Light Center in terms of resources, routine and staff were beneficial in the lives of the mothers and their families. Understanding this, we can best support families by continuously believing in them and providing them with information and knowledge about child development and interactions.

### **Limitations of the Study**

Several limitations should be noted when interpreting the findings of this research study. Firstly, the sampling size consisted of six female participants within the Light Center is admittedly small. However, mothers within the Light Center have an important

experience to give a voice to but, it is very difficult to access this population due to confidentiality and challenges that they face. In future studies, an increased number of participants could assist in further understanding the variety of perspectives of these mothers. Further, all mothers who participated in this study were either currently in the Light Center or had recently graduated. The study had no participants who dropped out or left the program before they graduated. Capturing these types of experiences would assist in understanding perhaps different types of interventions or approaches that are needed. Increasing the sample size and diversity of participants may broaden the generalizability of the findings in the study.

Secondly, the data collection methods used in the study have recognized limitations. A questionnaire and semi- structured interview were used to collect data from the mothers within the study. The researcher met with the participant once to complete the semi- structured interview that ranged between 24- 70 minutes. Given the time constraints of the Light Center and the complex challenges these mothers face, it was fortunate to acquire this amount of time during the mother's recovery program for interviews. Further studies could strive to increase the length and number of interviews with each family with the hopes of better understanding the experiences of these mothers and their young children. Multiple interviews with each participant would allow a researcher time to analyze and pose additional questions based on the responses of participants. Additionally, observational data within play groups and support programs may provide important information regarding changing perspectives and behaviors as

well as interviews from additional service providers from the Light Center could have been used. The observational data and interviews could provide the researcher with objective and subjective feedback that pertains to each participant within a study.

A further limitation is the lack of participant feedback within the study. The researcher provided interview transcriptions to the three participants who were still able to be located within the program. The other three participants were not able to be located to receive the transcription and provide feedback. Only one participant provided feedback on their interview transcription. The researcher encouraged feedback of the participants to increase the validity of the qualitative study designed by the researcher.

### **Recommendations for Future Research and Practice**

This study allowed the experiences of mothers with young children within a residential recovery program to be better understood and present many further opportunities to extend the research. For example, it is important that the long-term impacts on the families, once they graduate and/ or leave a residential recovery program such as the Light Center, are captured in order to understand the critical aspects of the intervention process. Both qualitative and mixed method research studies have discussed the importance of family focused residential recovery programs that contribute to positive outcomes with mothers and their young children (Conners et. al, 2001; Hanson et al., 2015; Iachini et. al, 2015; Killeen & Brady, 2000; McComish et al., 2003; Niccols et. al, 2012; Paris et al., 2015; Sword et al., 2009). What is needed though, are longitudinal studies that provide information on the recovery outcomes (e.g., family experiences,

finances, housing) of mothers after they leave or graduate the program. An increase in longitudinal studies on recovery outcomes will help inform programs on how best to support these mothers when they re-enter the community with their children. Further it can examine what programs in the community (e.g., non- profits, housing services) participants are utilizing which can lead to an increased understanding on services that are beneficial to this specific population.

A further study may also include the experiences of the service providers within a setting like The Light Center. Service providers can help us gain more knowledge of other best- practices that made impacts on this population. Findings could support implementation of programs that help to support learning strategies and best practices to meet both the needs of a high-risk population and the service providers who support them.

There is a continued need to further understand the experiences of these mothers and their families but utilizing a variety of different methodologies as well as seeking a larger sample size. The sample size should include a broader criterion including mothers and their children within and outside residential recovery programs. These data have the ability to explore the experiences of mothers within a variety of different environments to compare and contrast the differences and similarities the mothers experience.

As educators, understanding how families are influenced by stressors and changes can inform our practice in how to best work with the families we serve. Listening to the stories of these families provided the researcher with a stronger understanding of how

families are impacted by risk factors and compounded adverse experiences. It also helps us to understand that families in recovery are constantly working to advocate for themselves through communication with others, increase positive parenting strategies, and learning how to become comfortable with change. With this as educators, we need to shift our mindsets to continuously be reflective and understanding of the experiences that are impacting the families we serve to create a family focused environment to best support their challenges and needs.

### **Conclusion**

The unique experiences of families enrolled in the residential recovery program shows a need for more family focused and integrated programs that provide specialized support in addiction, homelessness, poverty, child development, and parent- child interactions. The Light Center's safe, caring and nurturing environment combined with the family focused services allowed the mothers and children to improve in their recovery and overall development. Consistent with the research (Conners et. al, 2001; Hanson et al., 2015; Iachini et. al, 2015; Killeen & Brady, 2000; McComish et al., 2003; Niccols et. al, 2012; Paris et al., 2015; Sword et al., 2009), this current study shows that family focused practices provided a caring and nurturing environment that can be used to build stronger relationships and positive outcomes between service providers, families and children which can influence their experiences in their perspective communities.

Factors (e.g., homelessness, poverty, addiction) that mothers faced within and/ or outside of the residential recovery program need to be addressed by multiple service

providers to meet the needs of the whole family. The need for this was demonstrated by examining the complexities facing families through the lens of the Family System Theory (Turnbull et al., 1984; Turnbull & Turnbull, 2001). As a result, it is beneficial to network and collaborate with community resources to support the family as a whole. Service providers such as mental health consultants, family counselors, teachers, and/ or therapists will need to work together to support every aspect of these families with young children. There is a need for more collaboration between services where resources and contact information are shared between the service providers.

There are many families within the communities that we work in, similar to Briana and Ally's story that began this story, facing multiple challenging factors such as poverty, homelessness and addiction. Understanding their perspectives and experiences can assist in incorporating effective support and interventions that empower a family. Empowering families has the capability of allowing them to feel supported which can enable them to create a positive environment for themselves and their children. Providing access to family focused programs and/or service providers can support families who face challenges to thrive and make strides in their perspective communities with their children.

## References

- Anthony E.R., Vincent, A., Shin, Y. (2017). Parenting and child experiences in a shelter: A qualitative study exploring the effects of homelessness on the parent- child relationship. *Child and Family Social Work*, 23, 8-15. DOI: 10.1111/cfs.12376.
- Aurand, A., Emmanuel, D., Yentel, D., Errico, E. (2017). *The Gap: A shortage of Affordable homes*. The National Low- Income Housing Coalition. Retrieved from [http://nlihc.org/sites/default/files/Gap-Report\\_2017.pdf](http://nlihc.org/sites/default/files/Gap-Report_2017.pdf)
- Bagner, D., Sheinkopf, S., Miller-Loncar, C., LaGasse, L., Lester, B., Liu, J., et al. (2009). The effect of parenting stress on child behavior problems in high-risk children with prenatal drug exposure. *Child Psychiatry and Human Development*, 40(1), 73–84.
- Bassuk, E.L. (2010). Ending Child homelessness in America. *American Journal of Orthopsychiatry*. 80(4), 496–504. DOI: 10.1111/j.1939-0025.2010.01052x
- Bassuk, E.L., DeCandia, C. J., Beach, C.A., Berman, F. (2014). *America's Youngest Outcasts: A Report Card on Child Homelessness*. The National Center on Family Homelessness. Retrieved from <https://www.air.org/sites/default/files/downloads/report/Americas-Youngest-Outcasts-Child-Homelessness-Nov2014.pdf>
- Broussard C.A., Joseph A.L., (2009). *Family Poverty in Diverse Contexts*. New York, NY: Routledge.

- Children's Defense Fund. (2015). *Ending Child Poverty Now*. Retrieved from:  
<https://www.childrensdefense.org/wp-content/uploads/2018/06/Ending-Child-Poverty-Now.pdf>
- Children's Defense Fund. (2017). *The State of America's Children*. Retrieved from:  
<https://www.childrensdefense.org/wp-content/uploads/2018/06/2017-soac.pdf>
- Children's Defense Fund. (2017) *The State of America's Children: State Factsheets*.  
Retrieved from: <https://www.childrensdefense.org/wp-content/uploads/2017/12/2017-complete-soac-factsheet.pdf>
- Choi, N., & Snyder, L. (1999). *Homeless families with children: A subjective experience of homelessness* (Springer series on social work (Unnumbered)). New York: Springer Pub.
- Choi, S., & Ryan, J. P. (2006). Completing Substance Abuse Treatment in Child Welfare: The Role of Co-Occurring Problems and Primary Drug of Choice. *Child Maltreatment, 11*(4), 313–325. <https://doi.org/10.1177/1077559506292607>
- Christensen, H.T. (1964). *Handbook of marriage and the family*. Chicago IL: Rand McNally.
- Connors, N.A., Bradley, R.H., Whiteside- Mansell, L., Crone, C.C. (2001). A comprehensive substance abuse treatment program for women and their children: an initial evaluation. *Journal of Substance Abuse Treatment, 21*,67-75.
- Corr, C., Santos, R.M., Fowler, S.A. (2015). The Components of Early Intervention Services for Families Living in Poverty: A Review of the Literature. *Topics in*

*Early Childhood Special Education*. Vol 36, Issue 1, pp. 55 – 64.

<https://doi.org/10.1177/0271121415595551>

- Creswell, J. (2012). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (4th ed.). Boston: Pearson.
- Creswell, J.W. (2007). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. Thousand Oaks, California: Sage Publications Inc.
- Division for Early Childhood (2014) DEC Recommended Practices in early intervention/ early childhood special education 2014. Retrieved from <http://www.dec-sp.org/recommendedpractices>
- Einbinder, S. D. (2010). A Qualitative Study of Exodus Graduates: Family-Focused Residential Substance Abuse Treatment as an Option for Mothers to Retain or Regain Custody and Sobriety in Los Angeles, California. *Child Welfare*, 89(4), 29-45.
- Goodman, L.A, Pugach, M., Skolnik, A., & Smith, L. (2013). Name of Article *.Journal of Clinical Psychology*, 69(2), 182–190.
- Hanson, K. E., Saul, D. H., Vanderploeg, J. J., Painter, M., & Adnopoz, J. (2015). Family-Based Recovery: An Innovative In-Home Substance Abuse Treatment Model for Families with Young Children. *Child Welfare*, 94(4), 161-183.
- Hanson, M. & Lynch, E. W. (2013) *Understanding Families: Supportive Approaches to Diversity, Disability, and Risk* Baltimore, Maryland: Paul H. Brooks Publishing Co., Inc.

- Hanson, M.J., & Lynch, E.W. (1992). Family diversity: Implications for policy and practice. *Topics in Early Childhood Special Education, 12*, 283-306.
- Haskett M.E. (2014) *Child and Family Well- Being and Homelessness: Integrating Research into Practice and Policy*. Doi: 10.1007/978-3-319-50886-3
- Hill, M.S. (1995). When is a family a family? Evidence from survey data and implications for family policy. *Journal of family and Economic Issues, 16*(1),35-64.
- Iachini, A. L., DeHart, D. D., McLeer, J., Hock, R., Browne, T., & Clone, S. (2015). Facilitators and barriers to interagency collaboration in mother–child residential substance abuse treatment programs. *Children and Youth Services Review, 53*176-184. doi:10.1016/j.childyouth.2015.04.006
- Johnson, B., Christensen, L. (2008). *Educational research: Quantitative, qualitative, and mixed approaches* (3rd ed.). Los Angeles: Sage Publications.
- Killeen, T., Brady, K.T. (2000). Parental stress and child behavioral outcomes following substance abuse residential treatment: Follow- up at 6 and 12 months. *Journal of Substance Abuse Treatment 19*, 23-29.
- Lazar, M., & Davenport, L. (2018). Barriers to Health Care Access for Low Income Families: A Review of Literature. *Journal of Community Health Nursing, 35*(1), 28–37. Retrieved from:  
<http://jpllnet.sfsu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,cookie,url,uid&db=eoah&AN=44573191&site=ehost-live>

- Lichtman, M. (2013). *Qualitative Research in Education. A user's guide*. Thousand Oaks: Sage Publications.
- McComish, J. F., Greenberg, R., Ager, J., Essenmacher, L., Orgain, L. S., & Bacik, W. J. (2003). Family-focused substance abuse treatment: A program evaluation. *Journal Of Psychoactive Drugs, 35*(3), 321-331. doi:10.1080/02791072.2003.10400015
- McLoyd, V. C. (1998). Socioeconomic disadvantage and child development. *American Psychologist, 53*(2), 185-204. Retrieved from: <http://dx.doi.org/10.1037/0003-066X.53.2.185>
- Milligan, K., Niccols, A., Sword, W., Thabane, L., Henderson, J., Smith, A. (2011). Birth outcomes for infants born to women participating in integrated substance abuse treatment programs: A meta-analytic review. *Addiction Research and Theory, 19*(6), 542-555. doi: 10.3109/16066359.2010.545153
- Narendorf, S.C., Jennings, S.W., Maria, D.S. (2016). Parenting and Homeless: Profiles of Young Adult Mothers and Fathers in Unstable Housing Situations. *Families in Society: The Journal of Contemporary Social Services, 97*(3), 200-211. DOI: 10.1606/1044-3894.2016.97.29.
- National Institute on Drug Abuse. (2018). Understanding Drug Use and Addiction. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/understanding-drug-use-addiction> on 2018, November 12

- Neger, E.N., Prinz, R.J. (2015). Interventions to address parenting and parental substance abuse: Conceptual and methodological considerations. *Clinical Psychology Review, 39*, 71-82.
- Niccols, A., Milligan, K., Smith, A., Sword, W., Thabane, L., Henderson, J. (2012). Integrated programs for mothers with substance abuse issues and their children: A systematic review of studies reporting on child outcomes. *Child Abuse & Neglect, 36*, 308-322.
- Oliver, M.M. (2006). Homeless Adolescent Mothers: A Metasynthesis of Their Life Experiences. *Journal of Pediatric Nursing, 21*(5).
- Paris, R., Herriott, A., Holt, M., Gould, K. (2015) Differential responsiveness to a parenting intervention for mothers in substance abuse treatment. *Child Abuse and Neglect, 50*, 206-217.
- Patton, M. (1990). *Qualitative evaluation and research methods* (pp. 169-186). Beverly Hills, CA: Sage.
- Polansky, M., Lauterbach, W., Litzke, C., Coulter, B., & Sommers, L. (2006). A qualitative study of an attachment-based parenting group for mothers with drug addictions: On being and having a mother. *Journal of Social Work Practice, 20*(2), 115-131. doi:10.1080/02650530600776673
- Price, S.J., Price, C.A., McKenny, P.C. (2010). *Families and Change: Coping with Stressful Events and Transitions*. Sage Publications Inc. Thousand Oaks, CA.
- Scott, R., & Pressman, S. (2013). Debt-poor kids. *Journal of Poverty, 17*(3), 356-373.

- Semega, J. L., Fontenot, K. R., & Kollar, M. A. (2017). Income and poverty in the United States: 2016. *Current Population Reports*, 10-11. Retrieved from <https://census.gov/content/dam/Census/library/publications/2017/demo/P60-259.pdf>
- Shore, R. (1997). *Rethinking the brain: New insights into early development*. New York, NY: Families and Work Institute.
- Sleisnick, N., Erdem, G. (2013). Efficacy of ecologically- based treatment with substance-abusing homeless mothers: Substance use and housing outcomes. *Journal of Substance Abuse Treatment*, 45, 416-425.
- Substance Abuse and Mental Health Services Administration (2014). Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health. Retrieved from: <https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>
- Sword, W., Jack, S., Niccols, A., Milligan, K., Henderson, J., & Thabane, L. (2009). Integrated programs for women with substance use issues and their children: A qualitative meta-synthesis of processes and outcomes. *Harm Reduction Journal*, 6. doi:10.1186/1477-7517-6-32
- The U.S. Census Bureau (2015). Current Population Survey: Subject Definitions. Retrieved from: [https://www.census.gov/programs-surveys/cps/technical-documentation/subject-definitions.html#family\(2015\)](https://www.census.gov/programs-surveys/cps/technical-documentation/subject-definitions.html#family(2015))

- The U.S. Department of Housing and Urban Development (2017). *Point-in-time Estimates of Homelessness: The 2017 Annual Homeless Estimates Report (AHAR) to Congress*. Retrieved from the U.S. Department of Housing and Urban Development website:  
<https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf>
- Turnbull, A.P., Summers, J.A., & Brotherson, M.J. (1984). *Working with families with disabled members: A family systems approach*. Lawrence, KS: The University of Kansas.
- Turnbull, A.P., & Turnbull, H.R. (2001). *Families, professionals, and exceptionalities: Collaborating for empowerment (4<sup>th</sup> ed.)*. Upper Saddle River, NJ: Merrill-Prentice Hall.
- Wall, S. M., Taylor, N. E., Liebow, H., Sabatino, C. A., Mayer, L. M., Farber, M. Z., & Timberlake, E. M. (2005). Early head start and access to early intervention services: A qualitative investigation. *Topics in Early Childhood Special Education, 25*(4), 218-231. doi:10.1177/02711214050250040301
- White, J.M., & Klein, D.M. (2008). *Family Theories*. (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage Publications.
- Whittaker, J.E.V., Harden, B.J., See, H.M., Meisch, A.D., Westbrook, T.R. (2011). Family risks and protective factors: Pathways to Early Head Start toddlers' social-emotional functioning. *Early Childhood Research Quarterly, 26*, 74-86.

## Appendix A: Questionnaire

**A Collaborative Residential Recovery Program & Early Head Start: The Mother's Experience with Young Children****Questionnaire**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. What is your race/ ethnicity?  
\_\_\_\_\_
2. How old are you? Age?  
\_\_\_\_\_
3. What languages do you speak?  
\_\_\_\_\_
4. When did you start the Epiphany Center Program? (Month & year)  
\_\_\_\_\_
5. What level are you in the program? \_\_\_\_\_
6. What are the ages of your children? \_\_\_\_\_
7. Describe two reasons why you chose to participate in this Residential Treatment Program.
8. Who do you consider a part of your family?
9. Name two of your favorite things to do as a family.
10. Where do you hope your family will be five years from now?
11. Describe your most memorable moment between you and your young child.

## Appendix B: Semi- Structured Interview Questions

### **A Collaborative residential treatment program and Early Head Start: The Mother's Experience with Young Children**

#### **Question for Interview**

##### **Opening Question**

Tell me about yourself? Describe some of your characteristics to me?

Describe what it is like to be both a client and a mother while participating in the residential treatment program?

##### **Key Questions**

###### **Family Characteristics / Roles**

Describe who is in your family?

Describe the roles that your family play in your life?

###### **Family Interactions**

Describe your most memorable interactions between you and your child's teacher at the childcare center?

Describe a challenging interaction between you and your family?

How were you and your family able to work through the challenge faced?

Describe a memorable moment between you and a participant within the program?

Describe a memorable moment between you and a staff member within the program?

###### **Family Functions**

Describe your daily routine before program on weekdays.

Describe you daily routine after program on weekdays.

What is the most meaningful part of your routine during the weekday? What is the most difficult part of the routine during the weekday?

Describe your daily routine after the program on the weekends. What is your most meaningful part of your routine during the weekend?

Describe a challenging part of your weekend routine.

Describe a challenging moment within the program. How did you overcome this challenge?

Discuss your routine before you entered the residential treatment program.

What are some activities you participate in during leisure time?

### **Family Cycle**

Describe two stressors that you face in your life? How have you worked to cope with your stressors?

How does being a participant in the program influence the relationship/ interactions between you and your child? Describe the before and after?

Think about all of the routines within the program. Describe how you would make changes to a routine?

Describe a goal you have for yourself and your child when you completed the program?

Describe the different changes/ transitions that happened during the program? Describe some of the changes that happened after you graduated/ left the program (if applicable)?

Describe one meaningful concept that you have learned while in the program.

Name one thing that you would like to share about you and your child.

Name one characteristic that you would like to share about Mothers within the residential treatment program.

Name a strategy that would be helpful for teachers of how best to work with clients and young children. (Think about the interactions that you found beneficial/ challenging)

Is there anything else you would like to share?

Appendix C: Appointment Confirmation

A Collaborative Residential Recovery Program & Early Head Start: The Mother's  
Experience with Young Children

**Important Appointment Confirmation:**

Participant Name / Number: \_\_\_\_\_

We appreciate you signing up as a participant for the study. Your appointment is be on  
\_\_\_\_\_ at \_\_\_\_\_.

Please meet in:

Location: \_\_\_\_\_

**Please keep in a safe place for your records.**

Thank you,

Krystal Anderson