

Issue Brief: Supporting Parents in Recovery

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INTRODUCTION

Most adults in or seeking recovery are parents, and many of them identify caring for their children or strengthening their relationships with them as primary recovery goals (Nicholson, Biebel, Katz-Leavy, & Williams, 2004; Reupert, Price-Robertson, & Maybery, 2017). Supporting individuals in managing challenges related to their parenting roles supports their overall recovery. In two randomized trials of a parenting intervention for mothers with opiate use disorders called Mothering from the Inside Out, mothers participating in the intervention showed a decline in opiate use (Suchman et al., 2017; Suchman, DeCoste, McMahon, Rounsaville, & Mayes, 2011). A recent systematic review found promising early indications that recovery-oriented parenting supports may improve people's quality of life and progress toward individual recovery goals (Reupert et al., 2017).

This issue brief explores the complex and multidirectional connections between parenting, treatment, and recovery, and examines how peer-run organizations can increase their capacity to assist individuals in recovery with achieving their goals for parenting and recovery. For ease of reading, we will use the term “parent” as shorthand for individuals in recovery from substance use disorders or mental illness who are parents. We will also use the term “peer-run organizations” to describe organizations, programs, and settings operated by and for individuals in recovery from behavioral health conditions. Finally, recognizing that parenting relationships, with all their associated rewards and challenges, continue long after children become adults, we will use the term “child” to describe individuals receiving parenting, regardless of their age.

PARENTING AND RECOVERY

Parenting provides a context for recovery that can be both rewarding and stressful (Rutherford, Potenza, & Mayes, 2013). Parenting can be one of life's most meaningful experiences and may be a common goal for adults living with mental illness or substance use disorders. For those who feel different or set apart from others because of a diagnosis, parenting provides an opportunity to achieve life goals viewed positively and shared by others. Having children provides entry into diverse natural supports, for example, in relationships among extended family, in the neighborhood, or on a playground. Parenting also facilitates access to support from additional professionals such as pediatricians, daycare providers, or school counselors. These positive parenting experiences may provide hope that life can be different and that a person can achieve their goals.

At the same time, while every parent encounters challenges in caring for and relating to their children, parents in or seeking recovery often find that coping with parenting challenges alongside a mental illness or substance use disorder can be especially difficult, particularly if combined with a history of trauma.

Like all parents, parents in recovery encounter many different types of stressors, including those related to money, housing, time, childcare coverage, and the physical exhaustion that can come with caring for children around the clock. Parents in recovery may also experience criminal justice or child welfare involvement, concerns about how others may assess their ability to parent, strained relationships due to extended separation from their children, and challenges balancing their own recovery needs with their children's needs. These stressors are in addition to the emotional challenges of coping with children's behavior. Without support, the pressure of these cascading stressors may trap a parent in a vicious, escalating cycle that can trigger a fight or flight response and threaten recovery.

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Reasons why coping with parenting challenges with a MI or SUD can be more difficult

1. Mental illness, chronic substance use, and trauma exposure can trigger an imbalance in neurobiological systems. This may cause parents to experience more emotional stress and less pleasure during everyday activities with their children of all ages. Insight into these feelings and the development of skills to manage stressful situations can contribute to positive parenting experiences and promote recovery.
2. Past experiences can influence how parents understand the world and relate to others, including their children. Past traumatic experiences can heighten or dull our emotional reactions to everyday events. Previous experiences with their own parents may affect how parents respond to their children in the present or how they react to difficulties that arise. Cultural expectations and values shape parenting behavior as well. An understanding of an adult's past experiences and cultural background can shape a successful approach to a parent's expectations and alter their perception of their behavior, relationships with children, and recovery.
3. Experiences of psychiatric distress, substance use, and trauma often overlap with and escalate one another. An adult who experienced physical or emotional maltreatment as a child is more likely to be diagnosed with a behavioral health condition as an adult that, in turn, may lead to new traumatic events, which may further intensify symptoms of behavioral health conditions. Many parents with these experiences hope to break this cycle with their children and seek ways not to repeat the past. Mothers and fathers often say that they want to be "different" and "better" parents than their parents were. These beliefs may provide motivation to pursue recovery and engage in parenting services and supports to improve relationships with their children.



How Peers Can Support Parents

Parenting is complicated, and parents need support in a variety of areas, including meeting their family's basic needs, learning to navigate systems, building a network of support, developing plans for keeping children safe, and balancing competing demands on their time and energy.

Peers with training, support, and their own experience of parenting in recovery are uniquely qualified to offer recovery-oriented parenting supports. Because peer relationships are based on mutuality and respect with careful attention to the relationship's power dynamic, parents in recovery may be more willing to engage in peer-provided recovery support services than in parenting-related programming delivered by non-peers. For many parents in recovery, a bureaucratic focus on the assessment of risk, power differentials, and fear of losing custody of their children may have marred relationships with other child and family service providers (Dumbrill, 2006). Peer support workers offer a different kind of relationship. At the same time, many peers are hesitant to explore parenting experiences with the individuals whom they support.

Because of their past experiences and life lessons learned, peers have a unique capacity to understand and support parents in recovery. A peer who understands the motivation of a parent who chooses to purchase a new school backpack for a child rather than buy medication or attend a treatment session may be well positioned to serve as a bridge between that parent and other providers, supporting engagement and providing practical, hands-on assistance with problem solving. It is in achieving a balance between caring for one's self and caring for one's children where the peer may be most skilled. While many different types of workers can encourage parents living with mental illness or substance use disorder to seek effective treatment, peers are particularly well prepared to help parents navigate the practical challenges of balancing daily life and parenting with active engagement in treatment and recovery. Peers may have knowledge and experiential guidance to model and they can provide feedback to parents as they master the challenges of daily living, such as household management and creating a safe home environment; time management and getting children to school and the pediatrician; organizational skills and helping children finish homework while getting dinner on the table.

Family work is emotionally laden, and existing peer training programs do not typically address this area of support. In addition to this lack of training, the emotional complexities of working with parents and their children may challenge peer support workers. Peer support workers, like all people, have their own beliefs and feelings about parenting usually based on their own lived experiences. Training and ongoing supervision are essential for peers offering parenting supports. With needed information and support, peers can be invaluable resources for parents with behavioral health conditions, by engaging in a range of supportive activities. **Table 1** suggests activities for peers that are supportive of parents in recovery. We categorize these activities across four domains: partnering, supporting, guiding, and relating.

Implementing Recovery-Oriented Parenting Supports

Peer-run organizations offer a rich array of recovery supports. At many recovery centers, community members can access activities, workshops, assistance navigating systems, and a full range of social, informational, and practical supports. Most centers offer a variety of groups, including several that are age- or gender-specific or focus on topics such as trauma, wellness, coping with hearing voices, compulsive behaviors, or alternatives to suicide. Centers may also offer services focusing on skills needed for specific roles, such as worker, tenant, and student.

Parenting support groups and services focused on parenting roles may be absent in these settings, as are opportunities for individuals to

share their experiences as parents. Here are a few reasons these opportunities may be missing:

- Leaders of peer-run and recovery community organizations may feel ill-equipped to support individuals in parenting roles.
- Existing peer specialist and recovery coach training models do not address parenting support.
- Stakeholders in peer-run organizations may fear that talking about parenting may alienate or trigger members who have lost custody of their children or who never had the opportunity to start families.
- Historically, many components of behavioral health service systems, including treatment and rehabilitation services, have not attended to the parenting role despite the role's importance to people in recovery. Peer-run organizations may have inherited this pattern of overlooking the role of parenting in the lives and recovery of adults.

While these concerns and challenges are significant, they are not insurmountable, particularly given the resilience and innovation of peer-run organizations and the growing recognition of the importance of holistic, person-driven recovery supports. Whether a peer-run organization seeks to implement a formal parenting peer support program or simply to make small changes that honor the connections between parenting, treatment, and recovery and better meet the needs of individuals served by existing programming, recognizing the extent to which peer supporters need training and support in this area is critical. Although most existing peer specialist and recovery coach

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Table 1. Recovery-oriented peer supports

Partnering/ Interpersonal Stance	Partnering encompasses being fully present with parents; listening with interest and without judgment; and honoring and respecting parents' experience, abilities, and expertise regarding their own lives and families (McShin Foundation, 2017; Substance Abuse and Mental Health Services Administration, 2015).
Supporting	Peers can learn and use a variety of support strategies, including validating feelings, mirroring experiences, being transparent, and acknowledging limits. Each of these strategies can advance peers' effectiveness in helping parents cope with parenting challenges. Peers can use role modeling and feedback to support parents' development of skills in advocating for, accessing, and coordinating essential family resources and meeting children's needs (McShin Foundation, 2017; Substance Abuse and Mental Health Services Administration, 2015).
Guiding	With training, peers can help parents in recovery learn how to recognize and understand their children's cues and establish developmentally appropriate expectations. Learning to follow children's cues and to recognize developmentally normal behaviors can help parents feel less stressed or overwhelmed and better equipped to manage parenting challenges. Offering information and assistance in navigating child and family service systems is another key peer role (McShin Foundation, 2017; Substance Abuse and Mental Health Services Administration, 2015).
Relating	By sharing their own experiences as parents in recovery, peers can inspire hope and help parents feel less alone (McShin Foundation, 2017; Substance Abuse and Mental Health Services Administration, 2015).

training programs provide information about partnering, supporting, and relating, few offer practice or examples of how to do this work in ways specific to parenting. None, for example, provide information about child development or responding to children's cues. Organizations seeking to implement recovery-oriented parenting supports need to connect peers with training that can support skill development in these areas. Peers providing parenting supports also need ongoing support in maintaining their own recovery and coping with the emotional stressors of their role.

In addition to preparing peer supporters to support individuals in their parenting roles, peer-run organizations can do much to increase their ability to effectively serve parents.



Acknowledge people's roles as parents



Asking about individuals' parenting experience and goals and creating safe spaces, such as support groups, for individuals to talk about their lives as parents are two key steps virtually any organization can take. Groups may focus on parents living with their children and parents living apart from them—in this way they honor the central role of parenting in the lives of both custodial and noncustodial parents and communicate explicit respect and support for parents experiencing separation from their children.

Accommodate parents



Many parents struggle with balancing their own needs for recovery supports with hectic schedules of childcare, appointments, and other related responsibilities. Offering programming at a variety of times and making online and telephonic support available are important aspects of accommodating parents' needs.

Offer workshops and programming focused on parents' concerns



The Copeland Center and the Center for Family Connections have both developed workshops and planning tools to help parents with behavioral health conditions document their plans for childcare in the event of a crisis. Circle of Hope, Sober Mommies, Circle of Parents, and others offer models of group-based parent support. Peer-run organizations may choose to implement groups and workshops in parenting topics or partner with other organizations already doing so.

Learn about resources that matter to parents in your community



Many peer-run organizations offer helpful information about community resources and have strong partnerships with organizations that specialize in housing, employment, legal services, or other essential services. By gathering credible information and developing partnerships with organizations focused on parenting, child, and family-related services—including childcare, family court advocacy, children's behavioral health, and other important service areas—peer-run organizations can more fully respond to the needs of their community members. Family-run organizations can be another great source of information and support for parents in recovery whose children have their own behavioral health needs.

Offer childcare and a family-friendly environment



Not every peer-run organization will elect to welcome children. In some cases, peer-run organizations do not have adequate space to do so. In others, they may choose not to out of concern for their community members who find being around other people's children emotionally difficult. As so many adults with behavioral health conditions grieve the loss of their own children or the opportunity to become parents, this dynamic is important to explore.

If your organization chooses to welcome children, the following considerations will be important.

- Providing childcare to parents while they engage with recovery support services is enormously helpful. Organizations can collaborate with other community resources that have child guidance expertise to find a qualified person (or intern) to provide childcare and consult about developmental concerns parents may have about their children. The childcare provider can also serve as a liaison to local child guidance agencies and help parents connect to child guidance services when there is a need for further support or assessment for their children.
- The setting should be welcoming for parents who have children in tow. There should be supplies such as extra diapers and wipes, healthy snacks for children, child-friendly bathrooms, safe play areas, furniture at toddler level, child-size furniture, toys, and distance from high traffic areas and potentially dangerous objects or substances.
- You should provide enough training and support to all staff in the setting so that they are confident about maintaining a physically and emotionally safe environment for children while the parents are meeting with peer supporters.
- The physical space should have flexibility for use as a childcare facility. You can store appropriate toys (that are cleanable and safe for child age) in a bin with a lid, for example. In addition, mats, books and puzzles, interactive toys allowing for different kinds of play, plus a supply of books, adult coloring books, and games suitable for older children and teens go a long way toward communicating that your organization is family-friendly.
- A child life specialist can help organizations create atmospheres that are sensitive to children and parents and supportive of their needs within the context of a setting where adults are coming and going both with and without children. The child life specialist can inhabit the waiting room, medication area, nursing station, or other child-friendly areas and has the role of easing the child's experience in the clinic setting. They may help families cope with in-the-moment challenges; provide age-appropriate preparation for being with the parent in the clinic; and provide information and support to parents, family members, and peers that can include developmental guidance, parenting strategies, supportive services, and other resources. While many organizations may not have the resources to hire a child life specialist, it may be possible to connect with a child life specialist training program to explore the possibility of becoming an internship site. ZERO TO THREE offers a range of resources and technical assistance that can advance an organization's capacity to support younger children and their parents.

Organizations can collaborate with other community resources that have child guidance expertise to find a qualified person to provide childcare



CONCLUSION

Peer-run organizations offer an expansive and ever-growing range of supports for adults with behavioral health conditions. Still, few peer-run organizations offer supports focused on individuals' parenting roles. Although implementing recovery-oriented parenting supports is not easy, it is an essential part of assisting adults in recovery to achieve their recovery goals. A central part of life for most adults with behavioral health conditions, parenting can both inspire and challenge recovery. Peers have great potential to offer recovery-oriented parenting supports, and peer-run organizations are uniquely positioned to help those they serve to achieve their parenting and recovery goals.

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