Women in Process:

Maternity Housing Considerations for Women Who Experience Addiction

"Celebrating sobriety together -- being able to give and get that type of support -- was great. The requirements to stay busy whether it be work, school, meetings, chores, counseling -- all played a key role. Being surrounded by women that would never live the way you did but in no way ever passed judgment was key for me. Not being condemned by your past. Made me feel like I still had a place in society. I learned how real women act."

-- From Jo, a maternity home resident while in early recovery

Overview

Across the maternity housing movement, homes are reporting an increase in requests for housing from pregnant women who struggle with the burden of addiction.

Homes note that they see the high levels of motivation for staying clean in clients during pregnancy, refraining from substance use as an act of protecting their child. Thus, women contacting maternity homes may have some sobriety with or without having been through a formal treatment program. Pregnancy might represent a unique moment of inviting women more deeply into the recovery process.

That being said, unless new strategies are in place to support sobriety and deal with the stressors of motherhood, the woman may also be at higher risk for returning to active use after giving birth. Of course, active use may rapidly lead to major backsliding on any progress made and have very painful consequences. In this way, maternity homes are likely to be found at the intersection of "unique opportunity for change" and "very vulnerable for relapse."

Maternity housing programs are faced with having to determine a course of action. Some programs are wrestling with opening their admission criteria or adapting their program to meet the need. Others are responding on a case-by-case basis, weighing the circumstances of the mom with the current situation in the house and welcoming women on a limited basis. Still others are experimenting with adaptations to policies with an attitude of "seeing how it goes." Some have committed to an ongoing practice of working with women who are in early recovery and have adapted their program to meet their needs.

The White Paper below attempts to outline some of the practices in use and provide some basic information for programmatic consideration. As we learn more about the impact of trauma and the process of healing, the maternity housing movement is in process of learning and adapting language and practices. Thus, this White Paper, as a review of the practices of many programs, includes a wide array of strategies.

Current Strategies in Use

Multiple maternity housing programs had the opportunity to share the programmatic implications related to working with women who experience addiction. They are listed below, in no particular order, to give other programs a sense of strategies currently in use.

1. During the intake and/or admission process, the maternity home might screen for use and habits related to addiction (i.e. most recent use, drug of choice, triggers). Many programs currently use the number of days of sobriety (i.e. 30- or 90- days) as a criterion for admittance. The length of time sober is often self-reported by the potential resident, making reliability a factor. It also may be verified by an initial drug screen either paid for by the facility or the client as part of the intake process. Some homes reported using the question of "Can this woman benefit from the program?" as an "opt-in" rather than an "opt-out" approach and noted safety issues as the primary reason why a woman wouldn't be allowed to enter the program.

2. The maternity home might adjust conditions of stay for women in early recovery that are outlined and agreed upon before admission. For example, Hannah's Home (Ohio) (https://www.hannahshome.org/), adjusts the following areas for women in early recovery: no cell phone use, no internet access, more structure and accountability related to enabling relationships and potentially more precautionary methods to support cutting off dangerous relationships. However, having different conditions of stay for different residents may create a sense of unfair treatment, creating challenging house dynamics.

3. The maternity home might facilitate women who have reported addiction issues to participate in groups such as AA, NA or Celebrate Recovery. This might be encouraged or mandated as a condition of stay. In early recovery, a single sex women's group might be encouraged if available. Some programs noted having a trusted staff or volunteer also attend meetings, especially if they are in recovery, can be a way of easing women into regular participation.

4. The maternity home might have random drug testing as a part of the program. At this time, it is fairly common for programs to have a no tolerance policy, asking women with "dirty" tests to leave the program. As a different approach, Our Lady's Inn (https://ourladysinn.org/) noted that they understand relapse as a part of the recovery process and "redos" as a trauma-informed strategy. As such, they allow for a woman to have one positive test but if use continues, she opts-out of the program with the second positive test. With the first positive test, the woman will meet with her case manager and counselor to consider what other supports may be needed to help support her sobriety. In no circumstance may a woman remain at Our Lady's Inn if she has brought illegal substances into the home.

The LIGHT House in Missouri (https://www.mbch.org) has a similar approach when positive tests are made. With the first positive test, the mom must participate in AA or NA and with the second positive test, the moms must participate in an outpatient rehab program. It should be noted that The LIGHT House has various credentialed staff including a nurse, licensed social workers and a clinical staff.

5. The maternity home might have access to a counselor or therapist with addiction expertise and encourage or expect the women to participate in counseling appointments. For example, Hannah's Home requires either an addiction counselor or participation in an Intensive Outpatient Program (IOP) in addition to the in-house counseling.

6. The maternity home might serve as an in-between place for women awaiting access to specialized program. Foundation House (http://foundationhouseministries.org/) has a short-term, emergency room ("the bunk room") that is set off from the house. The program uses it as a way to invite women who need residential or inpatient support on a short-term basis while they are waiting for a bed to open in another program. This allows them to meet the needs of high-risk women and leaves the door open for these women to return to the program following their inpatient treatment.

7. The maternity home might develop community partnerships with detox, treatment or recovery programs and serve as a "next step" following the completion of an addiction-related program. The partnership might be designed in a way that keeps the addiction recovery program as the expert in that topic. For example, The Cottage (https://www.cottageforlife.com/) is considered an aftercare place of residence for two treatment locations, continuing the plan of care created by treatment facility. They are able to have a "facility to facility transfer,"b allowing state payment rules to follow.

8. Some states may offer a credentialing process for peer recovery support to individuals in recovery. In Missouri, it is referred to as a "CPS', Certified Peer Specialist. At The Sparrow's Nest (https://www.thesparrowsneststl.org/), a CPS serves as a mentor and support to the mom while in the house.

9. The maternity home might structure the program in such a way to allow women to participate in short-term programs by saving a bed (e.g. for hospitalization). In a similar way, the program might allow recovery work via ongoing programs (e.g. outpatient treatment) to meet program expectations. As an example, at both Hannah's Home and Our Lady's Inn, the main focus for a resident who is struggling with addiction is sobriety. Daily activities and goals support her learning good hygiene, establishing morning / mealtime / evening routines, and maintaining normal household chores such as cleaning, cooking, and laundry. When these skills are stable and no longer overwhelming, other things (e.g. employment or education) are pursued and begun with a progressive introduction to having to manage a normal daily routine.

10. Maternity homes might choose to accept women using medically assisted treatment, similar to other women using ongoing medications. Medically-assisted treatment is the term used to describe the approach of having medical staff prescribe medications that supports recovery by doing things like reducing physiological cravings or withdrawal symptoms. A list of the medications that are used in treatment can be referenced here: https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat

11. The maternity home may have preventative or educational resources in place for all residents to participate in. This type of early intervention might include one-on-one counseling outside the house, or may be bundled into routine health education (healthy mom, healthy baby classes and educational materials) already in place in the home. This also might be thought of as building the resiliency of residents as a preventative component.

Systems or Structures to Consider

- Celebrate milestones in recovery as a house.
- Provide transportation to AA / NA / Celebrate Recovery meetings. Have a staff member or volunteer who is in stable recovery go with the resident to initial meetings.
- Keep women in early recovery active with healing type of activities.
- Have a system and policies in order to have drug tests done.
- Consider ongoing participation in treatment recommendations as a condition of stay.
- Conduct staff education on addiction or related topics like Stages of Change, Motivational Interviewing, drug-seeking behaviors, and Trauma-informed Care. One easy way is for staff to attend an open meeting of AA / NA. Staff might also attend Al-Anon to learn boundaries, especially for those who love individuals who struggle with addiction.
- Make a policy related decision about whether or not the organization wishes to have drugs to prevent overdose on hand (i.e. NARCAN). Those coming out of a treatment facility may have been issued a prescription. Our Lady's Inn allows residents to keep these medications on their person, similar to an Epi-Pen.
- Homes should develop policies/procedures in place related to being a mandatory or permissive reporter. This can include situations involving relapse, infant neglect/abuse/abandonment, probation violation, being arrested, and more.
- Promote national addiction hotline 211 to assist women in finding appropriate resources.
- Experts note that some "case management" funding for persons transitioning out of inpatient or outpatient programs may be available. Interested programs may want to start by research funding via SAMSHA.
- Being aware of drugs and drug paraphernalia when a mom moves in (especially if staff review her belongings or help her unpack) and during room checks.

- Drugs have significant impact on dental health. Facilitating access to dental care may be an area of program development.
- Being aware of a mom -- her behavior, belongings, affect, etc -- after home visits or prolonged unsupervised time outside of the home.
- Other areas to be aware of:
    - Opioid withdrawal during pregnancy may have negative implications for developing child.
    - Receiving pain medications (e.g. post-birth) is an area for intentional conversation and strategizing.

Principles Related to Adding Addiction Support

In a book entitled Chasing the Scream, Johann Hari makes the following claim, "The opposite of addiction isn't sobriety; the opposite of addiction is connection." In a similar fashion, the Substance Abuse and Mental Health Services Administration (SAMHSA) has delineated four major dimensions that support a life in recovery:

- **Health**—overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being.
- **Home**—having a stable and safe place to live.
- **Purpose**—conducting meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.
- **Community**—having relationships and social networks that provide support, friendship, love, and hope[1].

It is safe to say that maternity homes, with their "whole person approach," can be a part of the healing process for women.

These concepts -- connection, community, purpose, home, and health -- are the environment of maternity homes. Maternity homes actively create environments that model evidence-based practices like boundaries, stability, safety, building trust, and accountability. As such, it is safe to say that maternity homes, with their "whole person approach," can be a part of the healing process for

[1] https://www.samhsa.gov/recovery, Accessed Aug 22, 2018

women. In addition, with their Christian worldview, homes offer the life-changing power of Christ to support women.

In our limited research, there doesn't appear to be a commonly used paradigm in describing the path into addiction. However, the steps below might provide a loose framework to understand the degree of usage.

- Initiation
- Experimentation
- Regular Use
- Problem / Risky Use
- Dependence (including increased tolerance, physical & psychological dependence)

The need to participate in a treatment program would depend on a number of things like severity of use, personal & family history of use, compounding issues (i.e. homelessness, history of trauma), and negative consequences of use. Having a treatment facility make an official assessment may be useful.

There remains some lingering debate within the recovery community on whether or not to think of addiction as a disease, based on how disease is being defined. It is commonly thought that addiction has genetic and biological implications as well as social and environmental factors. In some circles, the language within addiction recovery speaks of "powerlessness," "inability to control behavior," or claiming identity as an addict. Some Christian addiction experts have expressed concern about this approach. With a perspective of upholding the role of moral responsibility, free-will decision making around sinful behaviors, and primary identity in Christ, some Christian addiction experts have begun to articulate a different approach. As one example, Dr. Mark Shaw, speaks of addiction as a life-dominating sin or a habituation of behavior about which different decisions can be made. Within the secular addiction community, the Christian perspective is sometimes perceived as one of "blame and shame." It is important that those challenging the normative ideas of addiction are careful to uphold the dignity of the human person and approach addiction as a place where love and compassion is deeply needed. The emphasis in the biblical approach is compassionately addressing the desires of the heart that drive addictive choices with the goal of allowing the Holy Spirit to transform those desires by God's grace for His glory.

One component of the Transtheoretical Model (TTM) developed by DiClemente and Prochaska in the 1970s is "Stages of Change." The Stages of Change remains a common way of talking about any behavior change, but especially the path of recovery. While various names might be used depending on the source, the concepts are generally outlined below.

- *Pre-contemplation* -- Marked by unawareness, lack of hope or desire for change.
- *Contemplation (Consideration)* -- Marked by ambivalence, awareness of potential losses & gains.
- *Determination / Preparation (Exploring Recovery)* -- Marked by a shift toward action, experimenting, making plans.
- *Action (Early Recovery)* -- Marked by demonstrations of will power and taking definitive action.

- *Maintenance (Active Recovery)* -- Marked by developing new coping skills, habits, relationships, networks.
- *Relapse (Recycling, Slipping, Recurrence)* -- Marked by re-entering the stages of change via return to old behaviors.

Understanding where a person is within the Stages of Change framework is another way of assessing readiness or asking, "Is this woman 'ready, willing, and able' to make the change?" Advocates of the Stages of Change framework teach that it is possible to "wake up" the want to want to change. Motivational Interviewing in one strategy currently being used and taught to engage in that "waking up" process of engaging, focusing, evoking, and planning for change.

Trauma-informed thinking suggests that substance use and abuse may have been a survival strategy or a negative adaptation to deal with the pain in her life. In this way, her addiction may be the result (not simply the cause) of very challenging circumstances. Research tells us that women often use drugs to make or keep relationships or connections.[2] Where addicted men might have a grandiose sense of self, addicted women tend to have a diminished self of self.[3] In the downward spiral of addiction, the drug becomes the organizing principle around which a women's choices revolve. Thus, the upward spiral of recovery signifies a profound change and women speak of the journey of recovery as a fundamental transformation.[4]

According to SAMSHA[5], the treatment system for substance use disorders is comprised of multiple service components, including the following:

- Individual and group counseling
- Inpatient and residential treatment
- Intensive outpatient treatment
- Partial hospital programs
- Case or care management
- Medication
- Recovery support services
- 12-Step fellowship
- Peer supports

Within the Christian perspective of healing, there is likely to be additional ideas about effective strategies for supporting women in early recovery. We will continue to learn, as a community of maternity housing providers, how to blend the approaches available to us in order to be more effective in our service.

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[2] Covington, Stephanie. *Helping Women Recover: Creating Gender-Responsive Treatment.* The Handbook of Addiction Treatment for Women: Theory and Practice. 2002. Accessed online. p.5

[3] Covington, Stephanie. *Helping Women Recover: Creating Gender-Responsive Treatment.* The Handbook of Addiction Treatment for Women: Theory and Practice. 2002. Accessed online. p.4.

[4] Covington, Stephanie. *Helping Women Recover: Creating Gender-Responsive Treatment.* The Handbook of Addiction Treatment for Women: Theory and Practice. 2002. Accessed online. p. 2-3.

[5] https://www.samhsa.gov/treatment/substance-use-disorders, Accessed Aug 22, 2018

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**Please note: This document is meant for informational purposes to assist programs in making their own programmatic decisions. Programs noted herein may have adapted their policy or programmatic decisions since the time of writing. The White Paper is a statement of the National Maternity Housing Coalition and should not be read as an expression of the contributors.*