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OUTCOME OF THE INTERVENTION

BY THE

DEPARTMENT OF CHILDREN & FAMILIES

TO REUNITE A

SINGLE SUBSTANCE ABUSING MOTHER

WITH HER CHILDREN

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ABSTRACT

The purpose of this research project is to determine the outcome of the intervention and assistance pursued by the Department of Children and Families (DCF) in providing a single mother who has lost temporary custody of her children due to drug/alcohol abuse.

Outcome of the Intervention by the Department of Children & Families to Reunite a Single Substance Abusing Mother with Her Children.

Topic

The author presents the findings of a case study where a single mother, who lost temporary custody of her children due to drug/alcohol abuse, received assistance from the Department of Children and Families to regain the custody of her children.

Source/Method

The author interviewed one particular single mother who had lost temporary custody of her two children due to substance abuse and followed her progress over a period of 6 months. These interviews were conducted on a weekly basis, one hour each time and were tape-recorded.
The author asked open-ended questions and allowed this single mother to narrate her life experiences. She was very cooperative and was enthusiastic about her life story. She signed a consent form to permit this author to write, print and publish her true life-story. The tape-recorded interviews were conducted either at Denny's restaurant or at her work place during her lunch break. This author contacted this particular single mother through Wayside House, where she is receiving an out-patient drug therapy. Wayside House cooperated willingly to provide this author with one of their clients for the stated research project. The author also interviewed her therapist at the out-patient drug treatment program and her caseworker from the DCF.

INTRODUCTION

Alcoholism and drug addiction is a disease (Diagnostic And Statistical Manual Of Mental Disorders, DSM IV, pp. 175-272). This disease is progressive, irreversible and fatal. There is no cure for this disease but it can be arrested by total abstinence from mood altering substances. This disease attacks a person in two ways; physical cravings and mental obsessions. The cravings are so powerful and the obsessions are so intense that everything else become secondary and the primary goal of an addict is to get high at any cost. The relapse rate is extremely high in this disease. This disease is also called a "family disease", since the whole family suffers from it. Unfortunately, the children become "victims" of the victim of this disease. Evidence of much research indicates that the relapse rate is high in substance-abusing patients. The women are as likely as the men to report alcohol related problems, psychological dependence and hangovers. Long term consequences, such as liver damage or brain damage are more likely to occur in women than in men (LAM De Goor, JAM Van Ores, H F L Garresten, 1998, p. 7).
An estimated 28 million Americans have at least one alcoholic parent. In up to 90% of child abuse cases, alcohol is a significant factor (National Association of Children of Alcoholics, Charter statement). U. S. Dept. of Health & Human Services found over 900,000 children were victims of substantiated child abuse and neglect and the majority of the abuse was caused by alcohol/drug addiction. The latest report (conducted every 7 years) conducted in 1995 by National Incidence Study found that, 2.8 children were at risk for abuse and neglect and the major contributing factor was parental substance abuse. More than 560,000 children were in foster care in 1998 and the new federal law gives states only 12 months to determine whether to return the children to their biological parents or severe parental rights. The 12 month period is extended only if a parent needs extended drug treatment (U.S. Department of Health & Human Services Home Page).

A national survey conducted by Wendy Chavkin, Vicki Breitbrat, Deborah Elman and Paul H Wise, (Jan 1998, pp. 1-8), suggests that there have been significant increases in state interventions for drug using pregnant women. This first survey followed efforts by the federal government to improve services for women. The states are required to increase the financial allocation for drug treatment for pregnant women and women with children. Congress has also mandated that pregnant women receive priority enrollment in treatment, and specific services such as prenatal care and childcare be provided to drug using women. These efforts increase the hope of improved access and availability of substance abuse treatment for pregnant and parenting drug addicted women.

The Department Of Children & Families (DCF) is a publicly funded Children's Mental Health program. It receives funding from Florida legislature, the federal government, local governments and other funding resources. The DCF provides health, educational and social
services for children & families. Substance abuse related social problems are handled by the DCF. The DCF is committed to protecting children from neglect and abuse. It also emphasizes family preservation and helps substance-abusing mothers to stay clean and sober so that they can be reunited with their children. In 1998-1999, the DCF evaluated 641 women "at risk" due to substance abuse and provided them with appropriate assistance. 46% women showed positive change in behavior whereas 32% showed no change and 22% got worse (Florida Department Of Children & Families Home Page).

Federal law (Public Law 102-321) authorizes the DCF to provide services for children as well as adults as part of community mental health services. To receive financial federal grants, the states are required to submit a plan with goals focusing on the needs of children and adults and must report on successful completion of its goals or risk financial penalties. Florida Statutes, section 20.19, Chapter 984 authorizes the DCF to remove children from abusive, drug using parents and put them in safe environment such as foster care. It also allows the DCF to terminate the parental rights if parents fail to stay drug free or fail to comply with the case plan which contains action steps (Florida Statutes 5, 1999. pp. 1657-1999).

Childhood sexual and physical abuse are associated with a range of negative outcomes in adult life, including increased risk for substance abuse and psychological distress. Women who use drugs are likely to have a history of childhood sexual/physical abuse and have been neglected as children. A study conducted on 171 substance abusing women with infants or young children indicate that 51% of the women admitting to having been sexually or physically abused (Sung Yeon Kang, Stephen Magura, Alexandre Laudet, Shirley Whitney, 1999, p.1).

Research shows that the children in substance abusing families are usually neglected and/or abused. There is a strong link between alcohol consumption, domestic violence and
violence aimed at children. Young children are more likely to be the victims (Sara Markowitz, Michael Grossman, 1998). These children grow up with emotional problems and have to face extremely stressful situations such as living with foster parents, abandonment by the biological parents and an ever-changing environment. They are likely to grow up with feelings of insecurity, fear and anger. These children are also at high risk of drug use, association with drug-using peers and poor family relations (John P Hoffman, S Susan Su, 1998, pp. 7-8).

Depression and other psychological problems go hand in hand with addiction. Usually, an addict "self medicates" by going back to drugs and alcohol due to an inability to successfully manage their psychological problems. Active addicts may stop taking their psychotropic medications and choose rather to get high on the drugs of their preference. Patients with depression return to drinking sooner than non-depressed patients. The presence of depressive symptoms in patients without a diagnosis of depression also results in returning to drinking, and these symptoms may be induced by alcohol (Mary Desmond Pinkowish, 1998, p. 1). Exposure to parental domestic violence in childhood is associated with long-term psychological maladjustment (Azmaira Hamid Maker, Markus Kemmelmeier, Christopher Peterson, October 1998, p. 1).

I have been working as a substance abuse therapist at The Drug Abuse Foundation (DAF) for the past five years. I work in a residential drug treatment program where men and women stay for 60 days and receive drug treatment. The capacity of this residential unit is 56 beds and out of these, 18 are female beds. As part of my job, I conduct individual sessions, group therapy sessions and give lectures. Conflict resolution, communication with judges and probation officers, DCF case workers and family members is a daily routine for me. I give lectures on stress management, meditation and breathing techniques as well as anger management. I
encounter many female and male clients who have lost temporary custody of their children. I see these children visiting their mother or father through the DCF supervision. One thing amazes me, that all these children, without any exception, love their parents, do not like foster parents and are longing to be reunited with their biological mother or father in spite of the abuse and neglect they went through due to their parents' drug/alcohol addiction. As a primary therapist, I recommend after care plans for my clients and the DCF caseworkers make sure that, these clients completely follow the aftercare recommendations in order to get their children back.

In my experience as a substance abuse therapist at a residential drug treatment program, I have observed that women leave the treatment without completing it more frequently than men do. The "female beds" are frequently more open as compared to "male beds", which are always full. There is a long waiting list to enter the program for men as compared to women. I have also noticed that women have less legal issues as compared to men. Women do not receive "high intensity referrals" as men do, so they are less likely to complete the treatment (Barry Loneck, James Garett, Steven M Banks, 1997, p. 1). High intensity referrals include court orders and probations which mandate that a person successfully complete a drug treatment program or else be ready for legal consequences. At DAF, I have noticed more men than women are on DOC probation, federal probation, Pride probation, SAAP probation etc. I have also observed that women in drug treatment leave the treatment abruptly because they have either significant others or parents, ignorant about the disease of addiction, who are willing to rescue them in spite of their drug problem. A study was conducted by Martha Morrison and Joan Doris on 138 mothers who received residential drug treatment in New York and their progress was followed for one year. Four hundred children were abused and neglected due to parental substance abuse in this study. Despite high levels of supportive services, mothers in this study struggled to achieve and
maintain sobriety. Less than half of the mothers were able to complete addiction treatment (Martha Morrison Dore and Joan M Doris, 1998, p. 6).

Substance abusing mothers are overly sensitive and can be stressed easily. They get overwhelmed easily and have visible ups and downs in their feelings. They are easily swayed by passing things and fleeting events. I have noticed that many women are bipolar or depressive. Many suffer from panic and anxiety attacks. Eating disorders are also more common in drug abusing women than men. I have observed their mood swings, they cry easily, and they hold secrets. Most of them also suffer from low self-esteem and resort to prostitution, stripping and working at escort services. Many substance abusing women admit to parental physical and emotional abuse, incest, and rape. I have noticed these women have a pattern of abusive relationships and they admit that they do not know what a healthy relationship is like. Their main focus should be on staying sober. Their primary goal is to stay drug/alcohol free, "one day at a time", while working on their emotional issues. I have always noticed that women relapse when they get into a relationship or they get their children back early in recovery. It is hard for an early-stage recovering mother to stay sober and become a responsible mother at the same time, and she is likely to lose both, her children and her sobriety. Martha Morrison Dore's study shows that mothers viewed their children as overly active, and it reflects their over sensitivity to activity in children as a result of substance abuse and associated depression problems (Martha Morrison Dore, et al. 1998, p. 7)

**RESEARCH METHOD**

This study focuses on a white single mother recovering from substance abuse. Her two daughters are at this time in foster care due to her substance abuse. She is receiving out patient
drug treatment at a drug treatment center located in Delray Beach per one of the requirements of the DCF in order to get her children back. The author has been following her progress for the last 6 months. This study of one substance abusing single mother is similar to other substance abusing mothers as they have gone through similar life experiences, and have many of the same problems due to substance abuse. This study sheds light on the problems caused by dysfunctional families and how addiction affects the emotional well-being of the children involved.

Nancy (not her real name) was born and brought up in Florida by her parents. They both abused drugs and alcohol. She suffered a lot of physical and emotional abuse by her mother. According to Nancy, her parents did not get along and fought a lot. Her mother took her anger and frustration out on young Nancy. She grew up in a traumatizing atmosphere with the fear of being beaten up by her mother. Her parents used drugs in front of her; and, in fact, often encouraged her at age 7 to smoke marijuana with them and her aunt. Every night she shared a Budweiser with her father. They were often struggling, being evicted and lacking daily necessities. At age eight, her parents separated, and her father left the family. She was feeling abandoned and angry due to the departure of her father. Parental substance abuse disorder (PSUD) is associated with a host of adverse familial conditions. The precise casual connection is not clear, but compared to other types of families, PSUD families suffer from greater turmoil, higher stress, disrupted parental practices and attenuated family cohesion (Farell, Barnes & Banerjee, 1995, as cited in John P. Hoffman et al. 1998, pp. 1-2).

Nancy went through emotional and verbal abuse along with physical abuse. Her mother also openly favored her younger children over Nancy. She was locked up in a dark closet with a few cats for several hours. She still has a phobia against cats, but she is working on it today. Nancy was not allowed to eat with her family, and she had to eat in her room while the rest of the
family ate together. She ate after the family finished eating. She was not allowed to have friends, and was not allowed to talk to people.

At age seven Nancy was raped by a police officer who was married and was a family friend. Nancy was also punished cruelly by the police officer's wife for wrong behavior. From this point on, she was often abused by men. Child sexual abuse predisposes women to substance abuse and, in turn, substance abuse increases the risk of victimization (Tracey J. Javaris et al. 1998, p. 1) Nancy was forced to witness adult sexual acts and was molested and raped by various men who her mother knew. Her mother would drop Nancy off at different people's houses and got paid when she would come back to pick Nancy up. Between the age of 12 and 13, Nancy's stepfather had sex with her almost every night. From the age of seven until 13, different men molested, abused and raped her.

Nancy also was subjected to physical and verbal abuse as a result of her younger siblings' misbehavior. Everything her younger sister and brother did wrong, she got the brunt of it. If her brother spoke rudely to Nancy's mother, it was Nancy who was hit on the mouth. If her sister broke a toy, Nancy was beaten up. Her younger siblings got all the attention and love from their mother. Studies demonstrate that substance abusing parents have less warmth toward and more hostile interactions with their adolescent children (Ammerman, 1994 as cited in John P. Hoffman et al. p. 2).

Nancy started stealing from stores at the age of nine. At age of 12 she started running away from home to get attention, which she never got. Her grades started to go down. She was constantly getting in trouble at school. One day she confessed to the school counselor about her sexual abuse. Her mother accused her of lying. At the age of 13, Nancy left home and never went back.
Nancy started living on the streets at age 13. She was hanging out with friends who were older than she was, who were selling and using drugs. She started drinking alcohol and smoking marijuana with these friends. Drug use among peers can contribute to addiction among peers because peers provide models, motivation, support and opportunity for drug use (John P Hoffman et al. P. 3). Her friends made her feel wanted and loved, the feeling she never got from her parents. She started stealing from the stores for money and was selling the items to her peers. At 14, she was shooting heroin and cocaine. She smoked marijuana, drank a lot of alcohol and took acid and pills. She did practically anything and everything to feel happy, to remove the pain, and to numb the feelings.

At 14, she met her ex husband, Everett, who was 24 then. They both started drinking alcohol and using drugs together. Soon after, he started physically and emotionally abusing her on regular basis. She was staying with him on and off.

Nancy had a lot of anger inside her. Many times she went into "black out rage" and did not remember what she did or said. Her drug use also worsened her anger. During one such black out stage, she stabbed a man and ended up in juvenile detention center, where they found out that she was a run away. She was charged with "assault with deadly weapon" and was put on juvenile probation at the age of 14. Under the conditions of the probation, Nancy had to stay with her grandmother and go to school. She constantly violated her probation by taking drugs, skipping school, fighting with other girls at school and running away from her grandmother's house. Nancy admitted that she was given "too many last chances" by the system.

At 16, Nancy was married to Everett and was pregnant with her first daughter. When Nancy was 4 months pregnant, she was forced to have oral sex with Everett's cousin, Stanley for money. If she did not let Stanley have sex with her, she would be beaten up. She admitted
smoking marijuana during the pregnancy, but stopped drinking and taking other drugs. Everett was unable to maintain a steady job and they were using a lot of drugs together. Everett was originally from Ohio and they decided to move back to Ohio. Her first daughter, Sabrina was born on Sept. 12, 1989 and was given up for adoption at birth. Sabrina was adopted by Everett's uncle and aunt. The adoptive parents did not want Nancy to communicate with Sabrina.

Both Nancy and Everett were taking many drugs, and she was drunk all the time. Everett was sexually, physically and emotionally abusing her on a daily basis. At 17, she found herself pregnant again. Everett was unemployed, and she was not allowed to work, do her hair or dress well. Her second daughter, Crystal was born on December 20, 1990. She left Ohio and her abusive husband and moved to Florida with her baby and stayed with her grandmother.

Her grandmother could not handle her drinking, smoking pot and hanging out with unruly friends. Nancy ended up staying at Salvation Army's shelter in West Palm Beach along with her baby. After 3 months, she moved into a motel, where she entered into another abusive relationship with Drew, the manager of the motel and the father of her third daughter. He was periodically unemployed and had attitude and an anger problem. They used drugs together extensively. At 18, she gave birth to her third daughter, Andrea, who was born on November 7, 1992. As soon as the baby was born, Nancy started to drink and smoke pot again almost immediately. By this time the abuse from Drew got worse and being beaten was a daily routine for Nancy. She minimized the abuse by comparing it to the abuse she suffered at the hands of her ex husband, Everett which was even worse.

Nevertheless, she left Drew a few months later. At 18, Nancy was with two young children, no job skills and no man to support her. At this time, she took to stripping to support her children and her drug use. She liked dancing, it gave her a lot of attention and money. She
started sniffing cocaine a lot and also started selling cocaine at the place she was dancing. Dancing, drugs and sex was her routine. She kept her children with the baby-sitter while she danced and partied. About this time, Nancy was introduced to crack/cocaine by a drug dealer customer/friend and she liked the high instantly. During this period, Nancy jumped from relationship to relationship in search of happiness and never found it.

At 20, Nancy entered a residential drug treatment program called "Gratitude House" in West Palm Beach due to the persuasion of a boyfriend. By this time it occurred to her that she had a drug problem and needed help. Nancy stayed there for 10 months and successfully completed the drug treatment program. She also got her C.N.A. license. She started doing legitimate work and was able to stay drug free for one year. After that, she lost interest in recovery and stopped working on staying sober. She thought she was too young to stop taking drugs. She also went back to dancing. At 22, Nancy was nude dancing, doing drugs and jumping from relationship to relationship. She gave Andrea back to her father Drew, put 3 year old Crystal with a baby-sitter, danced, and partied with lot of drugs and sex. She thought she was very happy.

Her drug use started to take its toll on her. At 24, she was on the streets, drugged out with a 4-year-old child, alone and confused. She had no place to live. Due to neglect and drug use, she lost weight and was no longer desirable. She lost her job as a nude dancer. She started prostituting to support her child and her drug use. Drug abusing women face limited options for income generation and are in danger of predation, assault, arrest and illness. Exchanging sex for money or drugs is the important source of income (Weeks, Margaret R Grier, Mary Land, Romero-Daza, Nancy, Puglisi-Vasquez, Mary Jo, Singer, Merill, June 1998, p. 1). In 1994, she was busted for prostitution and Crystal was sent to a foster home by the DCF, which is the first
time DCF got involved in her life. Women in drug and alcohol treatment programs were more likely than women in the child sexual abuse counseling groups to have worked in the sex industry (Tracey J. Javaris et al. p.5). In 1994, she went to Gratitude House residential drug treatment program a second time, as a requirement of the DCF. In an intensive drug treatment, clients cannot leave the premises without proper reasons such as a court date or a doctor's visit etc and are usually transported by case managers. They follow a strict daily schedule which contains of daily lectures, group sessions, individual sessions and AA/NA meetings. Here the clients process their issues that drive them back to drugs and alcohol. Nancy completed the intensive residential program, entered the halfway house, and, within a month, relapsed. She continued nude dancing and smoking crack for the next few months. She thought she was too young to stop doing drugs and she loved nude dancing and the money and attention she got from it. She does not remember clearly between the period of 1990 till 1995, and had many "black-outs" due to excessive use of cocaine. Her memory of the above mentioned period is foggy.

In December 1995, she entered The Drug Abuse Foundation's (DAF) residential program located in Delray Beach. She completed the 60 day intensive residential program and realized that 60 days was not enough for her to stay clean and sober. After DAF, she was directly transported to the Wayside House residential drug treatment program and stayed drug free throughout 1996. Wayside House is a all women drug treatment program and the duration of the residential program varies from 4 months up to 8 months, depending on each client's needs.

In 1997, she got Andrea back from her father, as he was arrested for DUI. She got Crystal back from foster care. DCF wanted her to stay in Delray Beach but she chose to live in Lake Worth for financial reasons. She was going to her job regularly and was taking care of her two children. Nancy drank the day she completed her one year in recovery. A DCF worker was
checking on her and the kids regularly by visiting her home. Luckily for Nancy, DCF caseworkers did not find out about the drinking. In 1998, she drank moderately. In 1999, she drank moderately, smoked cocaine/crack for a month and smoked marijuana occasionally. In 1999, she danced a few times for financial reasons. She stated that, she danced responsibly and did not get high while dancing and used the money on her children. One evening in 1999, she was drinking alcohol with some friends at home. She stated that a friend mixed some drugs with their alcohol and they all passed out. The children were unattended and running on their own. The neighbors called the DCF and again she lost them.

At present, they are in foster care. DCF is working with Nancy to reunite her with her children. Her DCF caseworker Sharon is communicating with Nancy and her children on a regular basis. Nancy has fulfilled all the DCF requirements in order to get her children back. She has joined the out-patient drug treatment program at Wayside and is staying in a halfway house. She has moved out of Lake Worth and is living in Delray Beach. She is also undergoing random drug tests. She has completed parenting classes and domestic violence classes. The children are receiving counseling and group therapy at Wayside. She has been working as a receptionist at a roofing company. At present, Nancy has understood that, she cannot dance any more since it leads to drug use. She has stopped dancing completely. She expects to get her children back in the next few months.

At present, she is dating a recovering addict, Berney, who she met in one of the AA/NA meetings. He was sober for two years and then had a relapse. At present, he has been sober for the past 6 months. Nancy has completed her halfway house commitment this month and has rented an apartment in Delray Beach which she shares with Bearney. He adores her children, and her children love him. She maintains that Bearny is very loving and caring and is not abusive at
all. He has never verbally or physically abused her and is maintaining a steady job as a construction worker.

Her children have started spending week-ends with Nancy and Bearney and soon they will move in with them. In the first week of April, Nancy had a miscarriage, but is recovering from it well. She still is receiving out patient therapy at the Wayside House. Nancy is excited about having the custody of her two daughters again. Motherhood is a fundamental part of her life. She felt relieved when she lost custody of her children due to her drug use. She was relieved because she knew that her children would be safe and that she could focus on her recovery. Nancy completely understands that her drug-using lifestyle has exposed her children to danger and neglect. She also admits that she was emotionally, physically and financially unavailable for her children, and that foster care was the best option for her children at the time. DCF has promised to work with her so that she can be reunited with her children.

Her children cannot wait to be with Nancy. They are staying with their foster mother who has her own four sons. Being girls without their parents, the boys pick on them, and tease them. They have accepted Bearney as their mother's boyfriend. Substance abusing women, who also take on the responsibilities of motherhood, experience increased problems because of the demands placed on them by the contemporary ideology of mothering. Nancy believes that she is a "good" mother, loves her children and is going to be there for them. Research conducted on 17 substance abusing mothers shows that these women loved their children and took good care of them in many ways, even when their love and caring conflicted with the women's own personal needs while using drugs (Phyllis L Baker, Amy Carson, June 1999, p. 2).

Nancy's DCF case worker Ms Sharon Schofield stated that she has made Nancy aware that, this is her last chance to get her children back and if she ever loses them again DCF will
terminate her parental rights permanently. Nancy's out patient therapist Ms Debbie admires Nancy's willingness to work hard to get her children back. Ms Debbie, in her expert opinion has informed the DCF that, Nancy is stable and ready to take the responsibility of her children.

Nancy has been abusing drugs and alcohol for the past 13 years. At this time, she is 27 years old. She has been in residential drug treatments four times and has relapsed at least 12 times. Nancy has been sober for the last 11 months.

Nancy got her children back on 5-5-00. She is applying the tools she learned in the parenting classes to maintain discipline in the house. She stated that she loves to be a mother and she is determined to stay sober so that she will never be away from her children.

CONCLUSION

This study is important because it shows how two innocent young girls were successfully reunited with their mother after a long wait. They went through a lot of disappointments, hurt, insecurities, abandonment and fear. They do not have fathers in their lives but today they have their mother with them. This study gives hope to many mothers and children in similar situations.

In my experience, in many cases, children from dysfunctional and abusive families repeat the cycle of dysfunction and abuse. Nancy was abused and neglected by her parents' substance abuse and she abused, neglected and abandoned her children due to her substance abuse. This study illustrates the adverse effects on children of dysfunction and substance abuse among
parents. It also shows us the importance of having healthy families in order to have a healthy society.

We can also see the need for mandated or court ordered drug treatments for women, not only to regain custody of their children but for the sake of their sobriety. I feel that women should receive more court ordered drug treatments than they get at present. I hope our system understands that women are as important for a healthy society as men. Being lenient with women and their drug problems does not help them and this leniency adversely affects their children.

I have observed that these women lack parenting skills and have low level of tolerance. In my opinion they lack communication skills and do not know how to communicate with their children in a healthy way. These women also have a tendency to become easily stressed and overwhelmed by the active behavior of their children. I feel that there is a strong need for long term (8 to 10 months) residential "life skills" programs for women where they can have their children with them. They can enter the residential "life skills" program only after they complete a residential drug program. It will help them learn and practice parenting skills while working on staying drug free, holding regular jobs and processing emotional issues. They also can experiment with developing relationships while staying at residential "life skills" programs. There they can receive feedback from others and if a relationship fails for any reason, they always have the support of fellow residents and staff. They do not have to get high over broken relationships. I have noticed that relationships are one of the main triggers for a woman's relapse. This can be avoided by the supportive environment of a residential program. The residential "life skills" program also will teach the children how to communicate, how to express their feelings and how to resolve conflicts in an appropriate way.
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