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## Experiences of Social Workers in Outpatient Treatment with Young Mothers

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*Walden University*

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Carla Stewart

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

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Walden University  
2021

Abstract

Experiences of Social Workers in Outpatient Treatment with Young Mothers

by

Carla R. Stewart

MS, The Ohio State University, 2010

BA, The Ohio State University, 2004

Project Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Social Work

Walden University

May 2021

## Abstract

Young mothers suffering with opioid addiction are not a central emphasis of present-day treatment approaches. This research project explored perspectives of social workers who counsel young mothers suffering with opioid addiction. A qualitative research approach focused on systems theory and was designed to tell the story of individual experiences. Semi-structured questions were asked to a focus group consisting of six master's level social workers to develop explanations and a better understanding of the problem. Systems Theory was the constant premise discussed throughout the focus group. Themes identified by the focus groups that directly impact this group of women were services, informal supports, community supports, and the legal system. Young mothers with opioid addiction face significant barriers to long-term sobriety. They often face financial insecurity, housing uncertainty, and transportation issues. By understanding the clients' systems and how they impact the client, the social worker can be instrumental in helping the client to choose positive support system relationships. These relationships are assets and can reinforce the mother's goal to reach and maintain recovery. A sober mother is considered to be a healthier and better-quality woman, mother, friend, daughter, employee, etc. The findings of this study will help social workers to be more successful with opioid addicted young mothers by identifying strategies that have had successful outcomes with this population leading to positive social change.

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## Dedication

This project is dedicated to my father, who was very proud of my endless need to learn and was always asking what I was working on. He passed away in 2012. Dad was a professional firefighter. I inherited my need to help others by witnessing him running into burning buildings and stopping at every accident scene. Love you Dad!

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## Section 1: Foundation of the Study and Literature Review

The opioid epidemic in The United States continues to increase at an alarming rate. According to the Franklin County, Ohio coroner, 29 people died from drug overdoses between August 29 and September 7, 2018 (Cooley, 2018). Over 72,000 Americans were killed by drug overdoses in 2017, including 29,406 attributed to opiates (National Institute on Drug Abuse, 2018). This is an increase from 19,413 deaths in 2016. No policies, laws, or programs have made a positive impact on this ever-growing problem. The epidemic continues to grow with no viable way to stop it **or** even slow its progress. Current interventions and treatments are not making a positive impact on this issue (Kaur & Kumaran, 2015). While medication interventions are showing promise, many people cannot afford to fill prescriptions or attend required appointments (medical and addiction).

In Ohio, the exponential increase in opioid use consistently causes overdoses, deaths, and a huge influx of children to the foster care system. From 2013 to 2017, there was an increase of 23% of children taken into custody by children's services. This is in direct contradiction to the 42% decrease of these same placements from 2002 to 2010 (Price, 2017). The opioid epidemic is directly responsible for this abrupt escalation according to reports by children services (Price, 2017).

Young mothers, ages 18-29 who suffer with addiction to opioids, also suffer from the emotional and psychological issues that impact their ability to care for their children. Mental illness is often a comorbid disorder exacerbated by stress. Some mothers self-medicate their stress and other issues with various opiates (Sullivan et. al, 2006). There **is**

evidence that some young mothers are prescribed opioids for physical pain which they continue to use after the pain subsided (Sullivan, et. al, 2006).

This capstone study addressed the opioid epidemic and how social workers can better impact young mothers. The project is a qualitative study based on a focus group conducted with social workers employed by outpatient treatment facilities. The advantage to understanding this social work problem at a client level is the ability to make a definitive impact on the opioid epidemic among young mothers. The research questions were semi-structured to allow the participants to comment on issues they believed are critical to the success of this population.

Systems theory was used to frame this qualitative study. Recognition of the bearing the system has on the success or failure of this client base was crucial to this project. The system is composed of the individual, their family, their peers, their support group, their treatment options, the formal support of treatment providers, and the informal support and resources of the community and stakeholders.

Themes were established as the focus group interview was transcribed and the data were analyzed. There were minimal ethical issues to be considered as the clients were not identified and no identifying information was exchanged.

### **Problem Statement**

The Public Children Services Association of Ohio (2017) reports 70% of children under the age of 1, who are in the custody of the state of Ohio have at least one parent that is using opioids, according to data from 2015. Many of these children likely have young mothers between the ages of 18 and 29, although these statistics are not tracked by

the state agency. The state also does not track how many of these children are reunified with their mothers or permanently placed elsewhere.

Young mothers suffering with opioid addiction are not a central focus of treatment approaches. There is evidence that women-only programs are helpful, but they are not offered in the geographical area that was studied in this project. Treatment that is offered is standard, and one-size-fits-all. Inpatient, Intensive Outpatient, Partial Hospitalization, individual and group counseling, medication management, peer support, and 12-step programs are available with no consideration for needs specific to gender, age, or familial situations.

Nationally, 18 women die every day due to an overdose of prescription painkillers (The Center for Disease Control and Prevention, 2019). Since 1999, the increase of women's death due to this type of overdose is 400% (Center for Disease Control and Prevention, 2019). Ohio has one of the highest opioid overdose death rates in the United States (Winstanley, Clark, Feinberg, & Wilder, 2016). Narcan has reversed many overdoses, but often the same person overdoses again and again.

Many young mothers are the only caretaker for their children. The stress of being mother, provider, and disciplinarian becomes overwhelming, and these mothers often look for a release. If their friends use opioids, young mothers begin using them as well to dull the emotional pain due to their choices. Continued use provides inclusion and acceptance by their drug abusing friends. With limited financial resources, young mothers cannot relocate and find gainful employment while giving up their entire support system for babysitting, housing, and financial assistance.

Current research does not address the specific needs of young mothers for a successful recovery from opioid addiction. We assume these needs include gainful employment, the ability to relocate to cut ties with substance abusing friends and family, resources to allow them to attend treatment and take care of their children, etc. Social workers must better understand the needs of this population so they can be addressed with funders and stakeholders.

### **Purpose Statement and Research Questions**

As current research does not address the specific needs of young mothers toward successful recovery from opioid addiction, this capstone research project explored perspectives of social workers who counsel young mothers suffering with opioid addiction. Using a systems theory framework, I gained a better understanding of this population and how social work can better address this epidemic. Key definitions include:

- Barriers: entities that keep the mothers from treatment and successful recovery.
- Assets: resources that help them stay sober.
- Mothers: young women between the ages of 18 and 29 are the target clients.
- Social workers: licensed professionals that work in outpatient treatment facilities.
- Aspects: a part, feature, or phase of treatment.
- Supports: assistance from family, professionals, etc. Actual or perceived.
- Stakeholders: entities with an interest in outcomes, provide funding.

- Community Members: people of a geographic area.

What do social workers perceive as assets and barriers to improving treatment outcomes for young mothers who suffer with opioid addiction?

What personal assets help young mothers access treatment?

What personal barriers impede young mothers' access to treatment?

What aspects of treatment and treatment settings have been most successful for young mothers?

What aspects of treatment and treatment settings are least successful?

What kinds of supports are most helpful?

What kinds of supports are not helpful?

What are stakeholders most likely to fund?

What are stakeholders least likely to fund?

What are community members most likely to support?

What are community members least likely to support?

### **Nature of the Doctoral Project**

The nature of the doctoral study was a qualitative research project. A qualitative approach was appropriate as it focused on the specific problem, used a process of inquiry that asked questions to a focus group of participants, and was instrumental in developing explanations and a better understanding of the problem (Stringer, 2014). This project asked semi-structured questions to social workers who work with clients suffering with addiction. The project collected insights of social workers treating young mothers with opioid addiction in outpatient treatment centers. By questioning social workers as to the

needs of the young mothers, and what interventions and treatments have been successful, the social work profession can share perceptions and understanding to help rescue this population from the opioid epidemic.

The sources of data were from the focus group interview with social workers who were employed at outpatient addiction treatment centers and their interactions with young mothers suffering with opioid addiction. Social workers were recruited by purposeful sampling while contacting them through their employers. The recorded interview was transcribed and manually reviewed until themes emerged. Themes allowed for analysis and organization to reveal commonalities in the answers.

### **Significance of the Study**

The findings of this study will help social workers be more successful with opioid addicted young mothers by identifying strategies that have had successful outcomes with this population. Social workers can be more effective with their clients and help them to maintain recovery by using treatment programs that help them to be self-sufficient and make their own decisions (Bray, Aden, Eggman, Hellerstein, Wittenberg, Nosyk, Stribling, & Schackman, 2017). These recovering mothers can potentially retain or regain custody of their minor children, lessening the impact on social services and the foster system in their community. This information can lead to eliminating ineffective treatment programs so stakeholders continue to fund the effective treatments at even higher monetary levels. This study will lead social workers to increase research concerning those abusing and addicted to opioids. This research gives a unique understanding by



allowing social workers to speak frankly and honestly with no threat of repercussion because their identities remained anonymous.

### **Theoretical/Conceptual Framework**

The main theoretical/conceptual framework for this project was systems theory. Systems theory states that every aspect of a person's life is integral in that person's success or failure (Aldwin, 2015). Although an issue may be an individual problem, the entire system is impacted by that problem, just as the individual is impacted by the whole system. The system is complex and intertwined. The system is compiled of the individual, the microsystem, the mesosystem, and the macrosystem.

Systems theory was first postulated by Copernicus to explain how the planets in the solar system interact (Loftus, 1985). This theory was expanded to include ecological, biological, and social systems. Systems theory in social work has evolved to explain how people interrelate with their environment and how the environment impacts people. The systems within social work are the individual, the micro system (family, employer, peers, teachers), the mezzo system (the community, the school system), and the macro system (society, culture, government). People are in consistent contact with each of the other systems. Systems theory in social work does not predict outcomes but offers opportunity for education and insight (Meyer, 2015). This theory helps social workers understand the open and closed systems affecting their clients. Understanding this impact can be the first step to helping the client implement change and reach their personal and professional goals.

Each part of the system is influenced by other actors in the system (Coady & Lehmann, 2007). A young mother who is addicted to opioids impacts her children, her immediate family, her employer, the school system, the child welfare system, the legal system, the healthcare system, and even the community and culture in which she lives. This level of dysfunction causes financial burden to the system as well as other negative consequences, such as loss of housing and employment.

Social learning theory was considered as a possible theoretical framework for this project. It was rejected based on the small scope of the theory. Albert Bandura (1999) states self-efficacy is not enough to change the direction of addiction. Addiction is a social problem but not on an individual scale. It is a problem of a nation and must be addressed on a global level to achieve recovery success.

Person in environment theory was also rejected as the theoretical framework. Person in environment can be significant in recovery by placing people suffering with addiction in sober living houses (Beasley, Jason, Miller, Stevens, & Ferrari, 2013). This evidence does not suggest how people can be successful in recovery in their environment of origin. Single people are usually the only persons referred to sober living. Most mothers want to be reunited with their children and will continue to live in the environment in which they were actively using to accomplish reunification.

In opioid addiction, the system includes the individual, the family system, the social system, employers, the treatment system, social services, and public welfare. The person suffering with addiction negatively impacts each system. The client is likely unable to practice basic self-care, such as bathing, cleaning, shopping, and maintaining

employment. The client often steals from or does not contribute to the family system. The client uses drugs or participates in undesirable behaviors with their social system (Eitan, Emery, Bates, Horrax, 2017). The client is unable to attend work or work effectively and efficiently when they are at their job. The client may use the treatment system but will have barriers to success based on the other systems. Peer support can be an integral part of recovery success if the clients have access to these services. Young mothers suffering with opioid addiction are often unable to support themselves or their children and access services at a high proportion compared to those who are not suffering with addiction.

### **Values and Ethics**

These ethical principles were upheld during the execution of this project: service, social justice, and competence. The service principle is based on social workers addressing a social problem while volunteering their time and skill with no sort of compensation (National Association of Social Workers, 2017). This project was completed with the goal of addressing the problem of opioid addiction suffered by young mothers. The principle of social justice is based on social workers working on social change for those who are not able to work for themselves (NASW, 2017). Those dealing with drug addiction often need outside help to be successful in recovery. Competence is the ethical principle that states social workers continue to learn and share their knowledge within their practice (NASW, 2017). This study's outcome will be shared within the social work profession.

The values of privacy and confidentiality are always relevant to social work (NASW, 2017). This study did not include any identifying information of the social

workers who were interviewed or any client information. This anonymity allowed the social workers to be forthcoming about their own, as well as their clients' successes and failures. Social workers shared how they learned specific interventions and how they knew when the wrong interventions were attempted with these young mothers.

## **Literature Review**

### **System**

Drug overdose is now the principal cause of death by injury in the United States (Winstanley, Clark, Feinberg, & Wilder, 2016). Addiction, whether considered a disease or a behavior, is an incapacitating disorder. Addiction is a cyclical pattern of use, stability, trying to change, and use (Randle, Stroink, Nelson, 2015). The individual is caught in this repetition of behavior and the system in which the person lives can be an asset or a barrier to their recovery.

The literature about addiction and the opioid epidemic is increasing. The use, abuse, addiction, and death caused by overdose of opiates is growing at an alarming rate for women (Center for Disease Control and Protection, 2018). However, statistics for opiate-addicted young mothers specifically are not available in the literature.

### **Opioid Addiction**

Dayal, Sarkar, and Yatan (2017) reported that 85% of women cited their first experience with opioids was from a legal prescription for pain. As many as 70% of those women eventually abused opioids. A large percentage of these same women were diagnosed with mental health disorders such as anxiety, depression, and other mood

disorders. Completing treatment was predictive of their ability to sustain recovery. The ability to complete treatment can be negatively impacted by motherhood. The variables of this role need to be researched to assess motherhood's impact on treatment completion and success and to address that impact.

Palis, et al. (2017) state that although the number of men using opioids is considerably higher, women are more likely to be younger users, have higher reports of sex work, and use considerably more drugs prior to presenting for treatment than men. Both men and women state that their physical health and quality of life are the most important reasons for recovery. There is no research exploring if women who are mothers state that motherhood is their most important motivation for recovery.

### **Treatment System**

Treatment options for opioid addiction range from inpatient treatment to prescription medications such as Suboxone, Subutex, and Vivitrol. Young mothers may struggle with inpatient treatment due to issues of childcare, employment, and their support system. The most effective treatment is a reputable drug rehabilitation center, combined with aftercare services including medication to help the brain return to normal functioning (fightaddictinnow.org, 2018).

Lalane, et al. (2017) report that opioid prescriptions in the United States have steadily declined since 2010. Consequently, people who became addicted to opioids during this time need treatment to curb their use of prescription pain medication. Treatment with Ketamine was proven to help reduce symptoms of withdrawal while

transitioning them from opioids. If there are barriers to treatment with Ketamine for young mothers, it has not been reported in the literature.

Pregnant women have options for medically assisted treatment such as Subutex to help with their addiction to opioids (Kahn, et al 2017). However, these women tend to need more support to stay sober during pregnancy. Offering a support group through their primary physician's office was helpful and well received. Further research must be completed to determine if attendance for support groups could be positively or negatively impacted by the women having children.

Women are more likely to become addicted to prescription opioids than men. Women are more likely to admit they are experiencing pain, seek help for that pain, become dependent on lower doses of opioids, and take the medication for a longer period (Hogenmiller, Fugh-Berman, & Whiteman, 2018). Women also are more likely to have mental health issues including post-traumatic stress disorder due to childhood and relationship physical and/or mental abuse. Many women in this 18–29-year age range seek medical attention for such disorders as well as for physical pain from dental work, putting them at risk for addiction.

Once entering treatment, there is little gender difference in motivation and success in recovery (Lalane, et al, 2017). There is no literature exploring if there are differences in motivation and success in young mothers compared to other women or men. It is possible that young mothers have stronger motivation and success based on a commitment to their children as well as to themselves.

**Barriers**

Barriers to treatment are common in young opiate-addicted mothers. Many of them struggle financially, have no health insurance or are underinsured, and have little or no community support (Allen, 1995). The system in which these women live often hinders their efforts for sobriety or self-sufficiency.

An additional barrier to treatment is that some women don't believe that they are worth the cost and effort of treatment or don't believe that resources are readily available to them (Smith & Marshall, 2007). They do not trust the system, their partners, or institutions to care for their children while they seek treatment or to protect the mother's legal custody of her children (Jessup, Humphreys, Brindis, & Lee, 2003). Such concerns can deter women from seeking treatment or even exploring options for treatment.

Accessing social services is a struggle for many young mothers. They are often the sole provider for their children. While engagement with social services can enhance the likelihood that women will seek addiction treatment (Marsh, D'Aunno, & Smith, 2002), many women lack a support system to offset the loss of income while they are in treatment.

Pregnant addicted women need access to prenatal care and affordable childcare without fear of repercussions (Ashley, Marsden, & Brady, 2009). Programs that address women's issues show that the women are more likely to complete addiction and mental health treatment. Such programs also show increases in the overall physical health of the women.

Treatment programs that enable children to stay with the mother are the most effective (Metsch, Rivers, Mille, Bohn, McCoy, Morrow, Bandstra, Jackson, & Gibson, 2012). These programs offer solutions to help women be less dependent on public services. However, funding of such programs is hard to obtain. A pilot program in Miami, Florida was ended after only two years. Wescare bought the facility and although they continue to advertise “family first” programming, the company’s presence in Ohio is three male-only sober living houses which offer a total of 21 beds.

### **Individual System**

Women with mental health disorders linked to early childhood trauma are more likely to become addicted than those who do not experience trauma. There was no significant difference between alcohol and opioid as the addictive substance (Shorey, Stuart, & Anderson, 2013). Additional research could clarify how treatment would best address this finding.

Bawar, et al (2015) reported differences in men and women in the areas of physical and mental health, social skills, and drug use. Women are more likely than men to present with disorders in these areas. Both men and women continue to under-report their drug use before and during medically assisted treatment for opioid addiction. Young mothers also have the added stress of children, which is not addressed in the literature.

Women must be encouraged to achieve self-acceptance to remain in recovery from addiction (Payne, 2010). Self-acceptance allows the women to recognize their strengths and weaknesses. In utilizing their personal attributes, women can strengthen their commitment to remain sober. Empowering women to gain insight into their



behaviors-reduces the ability of the addiction to control the women and enables them to control their behaviors. Women who are also mothers may show differences in self-acceptance although there is no research specifically addressing this.

### **Micro System**

Gunn and Canada (2015) describe the support for women by women in recovery as key to success. Peer support can be instrumental in maintaining recovery because the interaction with other addicted women is viewed as more genuine compared to support from nonaddicted loved ones. Women supporting women can reduce self-described stigma by emulating the behavior of other women in recovery efforts. However, there is some stigma within women groups based on the substance they use (Gunn & Canada, 2015). The effectiveness of support offered by mothers with opioid use for other young mothers has not been researched.

Marcellus (2017) discussed that women who give birth while addicted or after reaching sobriety deal with multiple challenges to success outside of basic treatment. These include reintegrating into their family of origin, finding adequate employment and safe housing, and maintaining physical health after childbirth. Helping mothers to pursue services by assuring them they will not be inappropriately reported to children services could improve treatment outcomes.

Kruk and Sandberg (2013) detail how women aspire to normalization, stabilization, structure, social connections, and psychosocial and spiritual safety to maintain their recovery. Women struggle with problem-focused treatment plans, lack of safety (physical and mental), and marginalization in working toward and sustaining

recovery. Women are likely to be the most successful in programs that facilitate a smooth and safe transition from inpatient treatment to counseling and reentry to their communities.

Written self-expression is a skill that is strengthened in New Beginnings shelters for mothers suffering with addiction and homelessness (MacGillivray, Curwen, Ardell, 2016). Good writing skills can impact every level of the individual's system. Learning to write well can help the mothers find gainful employment. Employment can increase independence and self-sufficiency, personal attributes that can improve treatment outcomes. Generating income enables the woman to better address her family's needs and contributes to the community as well.

### **Social System**

Najavits, Rosier, Nolan, and Freeman (2007) reported that gender specific models of recovery are more likely to be attended and reported as satisfactory by the participants. Women may be more comfortable sharing their thoughts and feelings with other women. However, this research does not address the differences that could be experienced by those participants based on age and whether they have children.

Narcotics Anonymous (NA) can be a helpful source of support for women in recovery. However, Enos (2016) points out that while many NA meetings offer peer support, few, if any, include professional support. Twelve-step programs have been a staple in the recovery of those who have habitually abused substances and their input can be useful for those seeking sobriety.

Opioid addiction has not had the long history of alcohol addiction, consequently the peer support may not have the relevance to be influential to all who attend. Young mothers have specific needs and issues relevant to their survival and successful recovery. There is no information regarding the efficacy of NA with young mothers and their needs.

The United States Department of Health and Human Services (2017) initiated the Rural Health Opioid Program to bring peer support to those addicted and living in underserved areas due to low population. This peer support is offered in person, by group, one-on-one, and online so clients can choose the model they prefer. Additional online peer support is available through reputable websites and applications on smart phones.

Women in addiction recovery may be more influenced by providers who use their own experiences more than evidence-based practices (Novtna, et al, 2013). Many women believe a provider must have experienced the consequences of addiction to help them achieve recovery. If providers disclose their own histories of addiction, women are more likely to adhere to treatment. Young mothers may relate better to providers who not only have their own drug experiences but also experienced motherhood at the same time. This possibility needs to be explored through additional research.

### **Macro System**

Watson and Parke (2011) maintain that it is necessary to understand the social constraints and perceptions of women to maintain their success in recovery. Understanding the driving force behind the start of the drug use and what led to the

eventual abuse and addiction is key. Having children could be an incentive for recovery but the literature does not address this relationship.

The Family First Prevention Services Act of 2018 has the capacity to impact children services throughout the United States. The Act concentrates on keeping families together through prevention and treatment services (Torres & Mather, 2018). It provides funding for mental health services as well as substance abuse treatment and parenting training. The goal is to keep children in their family rather than in the foster care system which has been overwhelmed by the impact of the opioid epidemic.

### **Summary**

Current literature abounds with studies on medication interventions, inpatient treatment, partial hospitalization programs, intensive outpatient programs, and groups such as Narcotics Anonymous. However, none of this literature specifically targets the specific needs of young mothers with opioid addiction. These clients have unique needs and barriers that must be addressed in treatment. Addressing the needs and barriers described to social workers by these mothers could better facilitate and maintain their sobriety.

Stakeholders and communities are more likely to fund and support treatment programs that are evidence-based (Guerrero, Padwa, Fenwick, Harris, & Aarons, 2016). However, there are no evidence-based programs specifically designed for women in the 18–29-year age group who are mothers. Further research is needed on this specific population to improve treatment outcomes.

## Section 2: Research Design and Data Collection

The social work practice problem is the opioid epidemic and the dramatic impact it is having on young mothers and the systems within which they live. This project employed a qualitative research design with focus groups of 10 to 12 social workers as the methodology. The data were analyzed using themes that were raised in the focus group. The focus group interview and analysis were conducted within the ethical boundaries of research approved by the Institutional Review Board.

### **Research Design and Methodology**

This project was a qualitative research design. Qualitative research uses individual experience, rather than that of a group, and uses non-probability sampling. This type of research allows social scientists to understand social issues that are not able to be studied by quantitative research statistical analysis (Neuman, 2018). Quantitative research is based on the relationship between variables and the analysis of that data. Quantitative research is not effective in social research because social issues cannot be quantified (Neuman, 2018).

Qualitative research offers a method to collect information from participants about various topics that are not able to be quantified (Stringer, 2014). As each person is unique, so are their experiences and perceptions of others and various situations. Qualitative research allows researchers to ask questions regarding reasons for human behavior, personal bias, and participants' understanding and opinions of other people's behaviors.

Qualitative research was used to understand the specific addiction-related issues the client encountered within their system. Studying those issues presented a clearer picture of stakeholders, individuals, families, and the clients' perception of the opioid epidemic (Stringer, 2014). By asking questions regarding the systems' impact, positive and negative, I gained a better understanding of the hurdles the social workers and their clients face.

### **Prospective Data**

A focus group was conducted with 12 social workers recruited and a goal of a minimum of six social worker participants. The interview questions were semi-structured, narrative questions which encouraged the participants to share insights and struggles in their professional practice. These social workers worked in outpatient treatment centers populated with young opioid-addicted mothers.

### **Participants**

Data were collected from social workers employed in outpatient addiction treatment facilities in the project's defined geographical area. Agencies were recruited to participate. Recruitment originated with emails to administrators of outpatient addiction facilities and then were followed by phone calls within 2 days to those same administrators. The facilities were determined by their scope of practice as well as their geographical location. The proposal was shared with the administration and the social workers to ensure understanding of the project and what participation would entail. Social workers who were employed with those agencies and had experience with young mothers suffering with opioid addiction were invited to participate in the study. Their

participation was voluntary. Participants did not receive remuneration for the participation.

### **Instrumentation**

Demographic information of participant social workers was recorded. Demographics such as age, gender, and years of addiction clinical experience were necessary for data collection and validation. Qualitative research assumes knowledge of the topic for the demographic information is integral information to assure validity (Neuman, 2018).

A semi-structured focus group interview was recorded for data collection. Grand tour questions, questions that are general, typical, or specific (Stringer, 2014), were used. These questions encouraged participants to use their own words to describe the events or behaviors I was investigating. As these professionals worked directly with young addicted mothers, the input was gathered at the provider level (Stringer, 2014). The focus group interview also offered a better understanding of their opinions about available resources and if they are constructive or damaging.

The semi-structured narrative technique allowed and encouraged the social workers to answer the questions based on their individual experiences with young mothers who are suffering with opioid addiction. Questions such as “What are some of the barriers to recovery?” and “Who is most likely to encourage recovery in the clients’ support system?” were asked of the participants. Open-ended questions fostered more interactions with me regarding the experiences of the social workers and what they have

found to be most successful and helpful with the study population as well as what has been the most difficult situations and obstacles to overcome (Stringer, 2014).

### **Data Analysis**

The focus group recording was transcribed. The transcript data were analyzed by identifying themes that emerged from the interviews. Coding was developed based on words included in the questions (Stringer, 2014). The coding was updated as the researcher read and re-read the transcript.

The data were separated into categories of relevance and impact for the mothers and as barriers or assets to sobriety. Recovery program themes such as hope, motivation, low self-esteem, availability of a healthy support system, comorbid physical or mental health issues, catalysts for using and sobriety, and the clients' moment of clarity to seek addiction services were used in the coding of group answers (Russell & Gockel, 2005).

Content analysis was used to determine the effectiveness of the coding themes (Hsieh & Shannon, 2005). While coding charts were developed prior to transcribing the interviews, they were constantly reviewed and revised for validity and reliability. Comparing key words throughout the interviewing and coding process supported the authenticity of the research. Summative content analysis was used to compare and count similarities and differences to summarize the content of the interviews and the overall project (Hsieh & Shannon, 2005).

Qualitative research uses dependability, confirmability, transferability, and credibility to establish trustworthiness in the research process (Neuman, 2018). It requires trustworthiness to ensure the integrity of the research. The researcher must be able to



confirm there is no researcher bias in the data, believe the participants were honest and forthcoming, believe the data can be applied in other situations, and make certain that the research is able to be repeated by other researchers (Neuman, 2018). Personal bias in conducting this research was not an issue as I had no clinical experience with this population and had no preconceived expectations of the findings.

### **Ethical Procedures**

This project adhered to all guidelines set by the National Association of Social Workers (NASW) Code of Ethics. The informed consent document outlined confidentiality and anonymity for all participants. No identifying information of the social workers or the clients was recorded as this information was not relevant to the project.

Data storage, dissemination, access, and destruction were addressed in detail. The storage of data is in a password protected file. Dissemination will not include any identifying information and will be available to the capstone chair and committee. Access to the information is restricted to me. The recordings of the interviews were destroyed upon completion of the project.

### **Summary**

The capstone qualitative research project consisted of interviewing social workers employed in an outpatient clinic in south central Ohio. The interviews were semi-structured, narrative questions which enabled participants to share information they believed relevant to treatment outcomes of young mothers with opioid addiction.

The responses to the questions were categorized into themes. These themes were analyzed to identify factors the social workers viewed as involved in the recovery and maintenance of sobriety for these women. Data collection maintained anonymity and confidentiality of all participants.

### Section 3: Presentation of the Findings

This project recruited social workers employed in outpatient agencies who worked with young mothers- ages 18 to 29, with opioid addiction. These social workers participated in a focus group and were asked semi-structured questions to prompt them to expand on their answers. The focus group was recorded and transcribed. After the transcription, themes began to materialize. The primary theme was systems theory, which explains how all parts of our lives interact and the impact of our lives on others. The systems in these mothers' lives provide assets and barriers to achieving and sustaining recovery.

### **Data Analysis Techniques**

#### **Data Collection**

Recruitment letters were faxed or emailed to various agencies in the catchment region. Of the 42 invitations that were extended to administrators, only one was interested in their employees participating in the research project. This agency employed various licensed professional clinical counselors and chemical dependency counselors, but only two licensed social workers, neither of whom were interested in participating in the focus group. Social workers were then recruited from the state of Ohio social worker

database through a public records request. The list contained 38,801 social workers, counselors, and marriage and family therapists from all 88 counties in the state of Ohio. The list was sorted to only include social workers in the counties of Licking, Ross, Fairfield, and Franklin (closest to me). Fifteen hundred and thirty-six (1,536) emails were sent to individual social workers in the geographical target area for this research project. There was a total of 15 responses, with six social workers agreeing to participate in the focus group. The data were collected in a focus group setting with the six social workers at a public library in Newark, Ohio on September 19, 2019.

### **Data Analysis**

I transcribed the focus group recording. Themes emerged as I read and re-read the answers to the questions. Coding was then developed based on the theoretical framework (systems theory).

In-vivo content analysis was used to compare and contrast the responses of the participants in the focus group. The in-vivo analysis was first completed by hand. The second round of analysis was conducted using the qualitative analysis program NVivo, which produced the same themes the hand analysis had generated.

The validation procedure of this project included use of the NVivo program to double check the themes and content analysis that were generated by the hand analysis. I listened to the focus group recording multiple times while reading the transcription. This verified that the completed transcription was accurate.

### **Limitation and Problems**

A difficulty of this project was the overall lack of interest by agencies to respond to requests for participation by their social workers. Emails were sent to multiple agencies and their clinical directors. Those emails were followed by telephone calls to answer questions or concerns regarding the project. Only one clinical manager responded to the request to participate. He was interested in the project and sent emails to his two staff social workers who did not respond.

Many of the agencies contacted did not employ social workers. Their counselors were licensed as chemical dependency counselors or were peer counselors with no licensure. Consequently, these counselors were not eligible to participate in this project.

### **Findings**

#### **Sample**

The sample consisted of six master's level social workers (MSWs) employed in outpatient settings. Their age range was 26 to 61. The minimum years of practice was 4 years with the maximum years of practice was 23 years. There were four women and two men in the focus group.

#### **Results**

Themes emerged as the transcribing and coding was completed on the focus group discussion. Systems theory was discussed throughout the focus group. The most central theme was that young mothers are a unique group that have no programs developed to help them specifically. Another common theme was the direct impact of the mother's addiction on their children. Other themes were that the women had very limited

support systems, insufficient financial resources, and few opportunities for gainful employment.

### **Services**

Services are a vital theme to the success or failure of sustained recovery. Availability of individual and group addiction and mental health therapy, including medication management with Vivitrol, Suboxone, Subutex, etc., are the key to starting and maintaining sobriety. Participant C lamented, “The division between drug/alcohol services and mental health services in this community still exists and hinders clients from receiving a more integrated approach.” Participant E stated, “Medication management is important in the beginning stages of attempting sobriety because the triggers and temptations to use are everywhere.”

The central problem is deficient funding to implement family therapy, timely services, comorbid services, support services, linkage programs, increased access to programs, and/or meeting mothers’ individual set of needs. Participant B shared, “Our agency needs money for everything. We can’t offer timely needed services to our clients. We need to hire more social workers. More social workers mean more availability for clients in need.” Participant F disclosed, “I would implement a mentality that would try to reach the women where they’re at in their life and not just make them accommodate to the treatment already established. Some more flexibility, understanding, and ‘basic need’ meeting of the mothers rather than focus on philosophical beliefs adhere to certain principles for a successful recovery.”

Telehealth would be beneficial with this population; however, agencies and the state licensing board have been hesitant to allow video, text, and phone therapy sessions. It has been difficult to define what is acceptable practice in Ohio. Insurance companies, including Medicare and Medicaid, have just recently embraced such technology due to COVID-19. This may have a positive impact on the availability of more convenient treatment for young mothers. Participant D contributed, “We are implementing tele-counseling to help accommodate their schedule and lifestyles and to make access to support and counseling easier and more convenient for recovery.”

Most young mothers are unwilling or hesitant to participate in treatment programs such as inpatient, partial hospitalization, and intensive outpatient settings. It is difficult, if not impossible, for many young mothers to continue to support their children and be away from them for several days and nights. Another barrier to entering treatment is that the women rarely have a set work schedule, and childcare and transportation are often difficult for them to find. Participant B revealed, “Most young mothers will not do inpatient even for because they do not have childcare. If they don’t have custody of their children, they are scare of what inpatient looks like to their children or child services or the court. They don’t want to give up their children to the other parent or grandparents because what if they don’t give them back.” Participant A explained, “Most of my clients do not want to do inpatient, but young mothers don’t want anything that interferes with their kids or their job, relationship, any part of their life.”

## **Informal Supports**

The family system is the key theme to successful recovery. A healthy family support system can offer childcare, emotional support, models of sober behavior, and sound counsel. Many young mothers are the sole caregiver of the children. A strong family system can help the young mother to maintain her own family system through kindness, affection, and understanding. Participant C stated, “While many people can stay sober on their own, young mothers have the added stress of caring for their children as well as sustaining recovery.”

A family system replete with addiction and unhealthy habits often serves as a barrier to sustained sobriety. Many young mothers suffering with opioid addiction began using drugs with a member of their family of origin. Distancing from that type of family is necessary to maintain sobriety. Participant A expresses, “It is often difficult, if not impossible, for young mothers to separate from their family of origin.” Participant C noted, “There tends to be generational family addiction histories.”

A healthy peer group can be integral to sustained sobriety, particularly if the family of origin is actively using opioids or other substances. Peers can offer emotional, psychological, and financial support in a healthy, encouraging environment. Participant B shared, “Peers can be the biggest asset or the worst barrier to recovery. Friends who are supportive and helpful can be the key to success. Peers who actively abuse or use substances will likely be a negative influence on the young mother's recovery.”

Many young mothers use drugs with partners, family, friends, or a combination of these. There is often some sort of trauma within these relationships. This trauma leads to

and continues to support the abuse of the opioid. As Participant C noted, “Lots of young mothers work in food service and drug use is prevalent in these environments.”

### **Community Support**

Community support is largely based on the medical model of addiction. This model of addition states that addiction is a brain-based disease due to genetics and chemical imbalances (Volkow, Koob, & McLellan, 2016). This model supports inpatient programs, medication intervention, such as Suboxone and Vivitrol, and peer support groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). It does not focus on social interactions, impulsivity, compulsivity, or unethical or illegal behavior often associated with addiction (Volkow, Koob, & McLellan, 2016).

Programs offered through community funded programs such as local health departments, job and family services, community mental health centers, and churches in this geographical area are based on the medical model. Community support includes AA and NA meetings which are held daily throughout the area and in facilities that offer medical management of opioid addiction. The community does not support needle exchange, Narcan giveaways, or programs specific to opioid addiction. As participant C commented, “The overall sentiment is these people choose to use.”

Parenting classes are offered only to those whose children have been removed from the home by children services. If a young mother needs assistance, finding the support is difficult, if not impossible. Participant D stated, “There is a significant lack in liaison service to treatment, walking through ‘the system’, and actual services available community wide.”



Public transportation in this community is limited with no taxi service, busing, rail systems, or rideshare services such as Uber or Lyft. One transit service is available but it must be scheduled a week in advance. “Our community has resources available, however, they are not well-coordinated, nor do they coordinate well to allow for mothers to complete the tasks necessary for them to maintain a healthy recovery.”, said Participant B.

Young mothers are often willing to attend NA meetings but there are few meetings that fit their specific peer group. Participant D stated, “NA is not the answer because it is not enough support.” The community also has Celebrate Recovery and Reformers Unanimous meetings. Meetings with transportation and childcare could greatly benefit this group. Participant B stated, “Public transportation is non-existent in this area and no meetings offer childcare.” “They could share and hear stories much like their own and learn from others’ mistakes and get positive feedback and support.” Participant E expressed, “A definitive barrier is some meetings have a known history of participants using substances with other attendees that are their newfound friends.”

### **Legal System**

The court system can be an asset to the young mother with opioid addiction. Drug courts offer treatment resources that are not always available to the public. The drug court assigns a case manager to the mother. The client is mandated to check in regularly with the case manager and to submit a drug test on demand. The case manager can also direct the client to resources as they are needed. Parenting classes are often included in any type of court order for young mothers. Participant D worked for the court system and

while she found drug court helpful, she also experienced what she referred to as a “revolving door”, seeing the same clients “over and over again”. While the drug court helped the clients to reach sobriety, it did not offer support such as housing or employment for long term recovery or success. Participant D expressed, “The court system and child protective services are extremely punitive and discriminatory towards mothers in recovery.”

The court system, regarding child custody, can be a substantial asset or barrier to sobriety. Young mothers are likely to do whatever they are told to do to regain or retain custody of their children. Their children are often placed in foster care because family members are using illicit drugs and cannot pass the required drug test for custody. If a mother loses permanent custody, there may be no motivation to strive for sobriety. Participant F revealed, “One client died from an overdose shortly after having her parenting rights severed.” Participant A stated, “The court system expects mothers to work, enter recovery programs, attend recovery meetings, complete toxicology screens, and meet probation officers up to two times a week. Also, if a woman is receiving an opioid substitute, there is often a weekly appointment for that as well.”

### **Answering the Research Questions**

This study sought to identify the assets and barriers to successful and sustainable recovery from opioid addiction for young mothers. Systems theory was noted throughout the focus group discussion. Systems-related themes most common were services, family, peers, community support, court, and self-help. Young mothers are impacted by the village in which they immerse themselves.

Each of these themes interacted with and described the needs of young mothers to attempt and maintain sobriety. These themes directly influence how and when the mothers can deny their triggers, detractors, and distractions, and hold fast to their personal goal of long-term recovery. The mothers' awareness of their vulnerabilities and motivational factors improves their chance of maintaining recovery.

The major barrier to recovery for this cohort of young mothers is the lack of treatment programming specific to young mothers. These women are unlikely to agree to inpatient treatment due to childcare and employment issues. They also have limited financial resources to support them in treatment incompatible with employment, e.g., inpatient programs.

According to the focus group, the most important assets are healthy, sober supporters, including family, friends, peers, and community. Young mothers suffering with opioid addiction may continue to experience triggers that maintain their drug use. They will likely have friends, coworkers, and peers who continue to use. The assets listed will encourage the young mothers to maintain sobriety by allowing them to reach out for help to people they trust who can be a source of calm within the instability of their addiction. A young mother can reach out to a sober friend, a sponsor, or go to a meeting to feel supported in her recovery rather than succumb to old patterns of behavior and addiction.

### **Unexpected Findings**

An unexpected finding was the overall lack of availability of treatment that addresses addiction as well as its common issues- mental and physical health,

employment, housing, and/or childcare, and transportation. This is a system-wide dysfunction affecting others beyond young mothers. Research continues to show the need to treat the whole person along with the addiction, however comprehensive treatment is not available in this community.

Another significant finding was that all project participants reported that the young opioid addicted mothers with whom they work had experienced significant childhood trauma. All types of trauma and tragedy were reported, including sexual abuse, physical abuse, emotional abuse, domestic violence, familial drug and alcohol use, incarceration of family members, and death of family members.

### **Summary**

Young mothers with opioid addiction often experience significant barriers to long-term sobriety. These include financial insecurity, housing uncertainty, limited childcare help, and transportation issues. There are no local community programs to meet their needs for affordable childcare, education interventions, and employment opportunities. Funding is meager for community addiction and mental health programming addressing the needs of this specific group of community members.

#### **Section 4: Application to Professional Practice and Implications for Social Change**

The findings of this project show that young mothers need specific help to achieve and maintain recovery. Ideally, this includes the support of their family, their peers, and the community. It is social workers' responsibility to address the population of young mothers struggling with opioid addiction as a particular class rather than as a piece

of the overall population struggling with addiction. There are no programs, resources, or treatment facilities that expressly address the needs of young mothers. According to the literature, there have been no resources directly designated for women in general, and certainly not young mothers. The lack of available and affordable childcare, occupational training, housing, mental health, are issues to be addressed along with the addiction to reach and maintain sobriety.

These findings demonstrate the importance of meeting young mothers' specific needs rather than place them into a program that is likely to set them up for failure, such as intensive inpatient without childcare, which will likely result in job loss. Social workers are bound by their ethics to treat all clients with dignity and to promote their self-worth. This is difficult to do if social workers do not meet the client's individual needs for comprehensive wellness.

### **Application of Professional Ethics in Social Work Practice**

The application of professional ethics in practice for social workers is evident in this project. The Code of Ethics helps social workers to make ethical decisions based on the needs of the client individually and as a class of clients. The NASW (2017) Code of Ethics Preamble defines the mission of social work and its core values of service, dignity and worth of person, competence, integrity, social justice, and importance of human relationships.

### **NASW Code of Ethics and Related Problem**

The NASW (2017) Code of Ethics preamble states that social work is responsible for addressing the various environmental factors that may lead to problems in living.

Social workers are charged with addressing social needs and problems within their communities (NASW, 2017). Addiction is a national problem that plagues those who are unable to address their issues without support. The preamble guides social workers to ask young mothers their aspirations and plans to achieve them. Often, the woman does not know what she wants to be different in her life, other than to be in recovery. Rarely can she determine how to reach the goal of sobriety, which is why she is in treatment with the social worker. The social worker helps the woman make decisions by providing options that are available to her and will address her needs.

Social work practitioners engage in competent practice. Competent practice requires that social workers continually expand their expertise (NASW, 2017). Social workers must ensure they are offering the young mother programs and resources that can help her to achieve her goal. Social workers must know about the resources in their geographical area to refer the women for assistance.

Social workers are ethically bound to ensure social justice. Social justice involves providing clients with access to the resources they need (NASW, 2017). Young mothers face oppression by employers, family, peers, housing coalitions, community resources, and the justice system. Young mothers addicted to opioids are often faced with impossible choices. They cannot keep custody of their children if they cannot provide essentials for daily living, such as food, shelter, and clothing. If they enter inpatient or intensive outpatient treatment for addiction, they are likely to lose their jobs which will hinder their ability to provide for their children. Social workers must offer solutions to allow these young mothers to keep custody of their children while getting the

interventions that they need to achieve and maintain sobriety. This can be difficult for the social worker if such treatment is not readily available in a community.

Respecting the dignity and worth of the person is another core belief of social work. This guides social workers to treat every person in a respectful manner and helps clients understand their right to make their own decisions in life (NASW, 2017). Social workers are responsible for helping young mothers remember that they are worthy of all sources of help to maintain their dignity through treatment.

The NASW Code of Ethics guides all areas of social work practice. This area of focus, young mothers suffering with opioid addiction, poses atypical ethical concerns. The mother is likely concerned with maintaining custody of her children while seeking help with addiction. These are comorbid issues that must be dealt with together. There may also be mental health issues that must be treated while addressing the substance addiction and child issues. Social workers are charged with upholding the core values of the Code of Ethics while meeting the young mother's needs and wants as successfully as possible.

### **Impact in Social Work Practice**

The most substantial impact in social work practice is in the areas of competence and integrity. Competence requires that social workers practice within their area of expertise and continue to expand their knowledge of that expertise (NASW, 2017). Social workers act with integrity by acting with honest purpose and intent (NASW, 2107). The findings of this project point out that programs, resources, and providers need to understand and meet the unique needs of this population.

### **Recommendations for Social Work Practice**

Social workers need a clear understanding of their agency policies including how to introduce and fund new programs. Presenting research to support the need for treatment directed to young mothers would promote growth for the agency, the community, young mothers, and their children. There is a direct connection between childhood trauma and addiction. Providers need to view children of trauma as an at-risk population for addiction and develop interventions to specifically address this.

This project's findings should urge social workers intakes to question all clients about any childhood trauma, and any family history of substance abuse. This information can determine a treatment plan that addresses an addiction or risk for addiction.

This project will impact my personal practice as the research has shown the strong need for change, growth, and advocacy for young addicted mothers within my community. Central Ohio largely favors the medical model of addiction treatment rather than a more comprehensive approach. Personal, professional, and community advocacy in developing more programs is now a goal of mine in helping this underserved population of women.

### **Limitations of Study**

The focus group was conducted with social workers employed in outpatient facilities. Social workers employed in other types of agencies, such as social services, may have different views to offer to this type of research. Research conducted directly with young mothers may also find different themes and findings.



Qualitative research has limitations as this type of research is not quantifiable and is subjective to the participants' experiences. Qualitative research is grounded in experiences and is much less structured (Queirós, Faria, & Almeida, 2017). There are multiple ways to structure questions in qualitative research which could impact results.

### **Recommendations for Further Research**

There are several recommendations for further research. Interviewing young mothers directly can offer a more in-depth view of their experience, attitudes, and needs. Including questions regarding childhood trauma and comorbid mental illness will also provide additional data for grant applications and funding decisions.

Further research with social workers in other geographical areas would add valuable input. Focus groups with greater numbers of social workers may reveal similar or additional themes to the project's finding.

### **Dissemination of Information**

Dissemination of the project's findings can be helpful in improving treatment and funding for this population of the opioid epidemic (Holt & Chambers, 2017). The research can be shared with local agencies, potential funders, and state addiction authorities to encourage support for new programs within their jurisdiction. A manuscript can be submitted to a relevant, peer-reviewed journal for broader dissemination. Additionally, findings will be disseminated through publication on the website for my professional practice, [psychologicalconsultants.net](http://psychologicalconsultants.net). Finally, dissemination could utilize additional social media, such as Facebook, including my personal telehealth page, [ShrinksRus](http://ShrinksRus).

### **Implications for Social Change**

The implications for social change in practice is to encourage social workers to ask more detailed intake questions of young mothers with opioid addiction. The knowledge of what they view as their barriers and assets to gaining and sustaining sobriety allows the social worker to be more effective in helping them.

The implications for social change in research, is to conduct further research to assimilate more knowledge into the practice of social work, substance addiction, and young mothers. This research could lead to more effective social work practice.

The implications for policy change are to share the research and the data with policy makers to help them to better understand the need for programming and how to implement new policies to address the inadequacies in this area of treatment. More information leads to more knowledge and new research and more effective practices and treatment.

### **Summary**

Systems Theory was the constant theme throughout this capstone research project. Young mothers, ages 18-29, who suffer with opioid addiction, are directly impacted by the systems with which they interact. Some of these interactions are barriers to recovery, such as time spent with friends who are also suffering with addiction. Some of the interactions are assets, such as time spent with supportive friends who do not struggle with addiction.

Systems Theory helps social workers to meet the client's specific needs-comprehensively. By understanding the clients' systems and how they impact the client,

the social worker can help the client choose positive support system relationships. These relationships are assets and can reinforce the woman's goal to reach and maintain recovery. Unfortunately, there is little research and specialized treatment for the specific needs of this addicted population. Advocacy is needed to improve community response. A sober young mother is a healthier and more successful woman, mother, family member, friend, employee, and community member.

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## Appendix A: Introduction Letter

**Carla R. Stewart, MSW, LISW**  
**Walden University**

Date:

To Whom It May Concern:

I am a doctoral candidate in the accredited social work program at Walden University. I am conducting a capstone research project titled “Experiences of Social Workers in Outpatient Treatment with Young Adult Mothers Struggling with Opioid Addiction in South Central Ohio” as my final project in this program. Social workers are an integral part in the movement to stop the ever-growing opioid epidemic. By researching and reporting social workers’ experiences, the project could impact how other social workers counsel and help young mothers suffering with opioid addiction.

If you choose to participant in this study, I will interview you in a focus group with other social workers about your encounters with young mothers suffering with opioid addiction and the barriers and supports that can influence their success or failure in recovery. You will not be asked any identifying information of your clients. Your personal information will not be recorded or included in the project in any way. Geographical differences of participants will be included in the finished project if they are in any way significant to the data that is collected.

The focus group interview will include questions that will allow you the freedom to express your encounters and perceptions about the needs and wants of social workers and how we can be as effective as possible with this population.

Thank you for considering participation in this project. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Carla R. Stewart, MSW, LISW

## Appendix B: Focus Group Interview Questions

If you could implement anything (treatment, funding, barrier buster, asset) what would that be?

How are the needs of young mothers regarding treatment and successful recovery different from others suffering with addiction?

What has your organization implemented to help young mother overcome barriers?

What has your organization not been willing to try that you believe would have a positive impact on this issue?

How does your community support or hinder your efforts to help this population?

What is their support system like? How are they helpful? How are they not helpful or negatively impact the recovery process?

How does their custody status impact their engagement in treatment? (custody of their children or if they have lost custody)

Are most/some of these women impacted by others' addiction? (Do their parents, siblings, peers, etc. suffer with addiction?)

What aspects of treatment are these young mothers unwilling to participate in? Why?