

**Massachusetts Family Recovery Collaborative
Family Engagement Focus Groups:
The Family Engagement Process from the Client Perspective**

Purpose: To ascertain recommendations from DSS-involved parents in the recovery process of how to best engage families into treatment.

Thank You to the Collaborating Agencies:

Rosie's Place – Boston
Griffin House – Boston
Entre Familia – Boston
Family Unification Program – New Bedford
Faith House – Worcester
Patricia Mays House – Worcester
Brien Center & Freeman House – Pittsfield
Meridian House & Conexions – East Boston

and the 78 participants

Focus Group Facilitators

Led by: Luz Lopez, PhD
With: Nanciellen Poulin, LMHC
Molly Trinkoff, BS
Maryanne Frangules, LMHC, LADC1
Francine Harrison, LICSW
Bethany Stuart, M.Ed

Reviewed by:

- Luz Lopez, PhD
- Maryanne Frangules, LMHC, LADC1
- Tom Scott

From the Massachusetts Organization for Addiction Recovery (MOAR)
as a project of AdCare Educational Institute
funded by MA Bureau of Substance Abuse Services

DSS & Addiction Recovery - Focus Groups
The Family Engagement Process
Summary

Purpose: To ascertain recommendations from DSS-involved parents in the recovery process of how to best engage families into treatment.

Process:

8 focus groups: conducted from August 2005 to February 2006.

Participants: 75 women and 3 men

Age range: 19 to 57; majority between mid 20s and mid 30s.

Ethnicity: 33 African American; 16 Latino; 24 Caucasian (includes the 3 men); 3 Native American; 1 Native American and Black (self-report); 1 “other” (self-report)

Sexual Orientation: 1 Lesbian Woman (self-report)

DSS Involvement: All have been involved with DSS, have had substance abuse problems & treatment.

Agency and Location	Female Participants	Male Participants
Rosie’ Place – Boston	17	
Griffin House – Boston	10	
Entre Familia – Boston	11	
Family Unification Program – New Bedford	8	
Faith House – Worcester	8	
Patricia Mays House – Worcester	6	
Brien Center & Freeman House – Pittsfield	12	
Meridian House & Conexions – East Boston	3	3
Total	75	3

Question: How was your experience with DSS?

Positive experiences

There were 16 positive comments or 35% of the total comments made regarding individuals experience with DSS.

Positive reports about DSS Family Engagement to Treatment:

- Case workers were helpful and/or caring
- 9 or 56% of the 16 positive statements sited a good case worker as the reason for having positive DSS experiences
- 7 or 44% thought DSS itself was helpful by supporting them with clothing, housing, food, structure, and other needs

Not so positive experiences:

There were 29 not so positive comments or 65% of total comments.

- Nearly 70% (or 20 of the 29) not so positive comments about DSS treatment engagement. The responses ranged from unanswered phone calls, demands made by DSS with threats to remove children.
- 17% (or 5 of the 29) not so positive comments were concerns about the DSS foster care placements.
- 10% (or 3 of the 29) not so positive comments regarded the lack of understanding by DSS of addiction treatment and recovery.
- 1 parent, the Lesbian female (self report), expressed bias by her first social worker; she expressed that attaining legal counsel helped her.

DSS can improve services by:

- Having DSS workers better educated about addiction
- Providing support services housing, food, legal etc
- Providing smaller case loads for DSS workers
- Enhancing support groups offered by DSS
- Building a relationship with treatment providers – so the service, treatment, and recovery plan match

Treatment centers can improve services by:

- Engaging clients, by validating them as individuals, with needs
- Emphasizing the client as a valuable person and the value of treatment for parents; thus lessen the stigma
- Providing transitional support to parenting, housing, legal, education, job resource, skills, rights.
- Providing long term residential treatment that allows their children, reinforces capacity to build parenting skills, offers family and child therapy
- Monitoring steps to assure follow through and support from residential to outpatient program support and therapy.

Possible Recommendation from MOAR (not yet tested)

- I. Need for regional advisory groups made up of DSS parent graduates, BSAS agency clinicians, BSAS agency administrators, DSS social workers, Substance Abuse Regional Coordinators to monitor needs, and take suggestions to the state level for implementation...to improve family engagement and outcome.
 - These groups should take up recommendations made by Client/Provider/Administrator/Legal/DSS Worker/Family Engagement: Treatment Perspective Seminars. The seminars would be made up of all the included parties with scenarios determined by the group. The outcome would determine the recommendations.
 - The rationale is to build respect amongst all parties, emphasizing the need to understand addiction, respect of the families and their perceptions/perspectives, the role of the social worker, and how to improve family engagement into and through treatment. The goal is giving the best support to the parents and the children to help them determine the course of their journey for a healthy recovery.

- II. MOAR will continue it's "How to Build an Improved Relationship with Your DSS Worker" with our peer groups, and other groups based on demand. The goal is to help DSS involved parents in the recovery process learn the process of how to get their needs met.

Family Engagement DSS & Addiction Recovery - Focus Group

Summary

- 8 focus groups conducted in the Fall 2005.
- A total of 75 Women and 3 Men participated.
- Age range: 19 to 57: Majority between mid 20s and mid 30s.
- All have been involved with DSS, had substance abuse problems & SA treatment

Location	Ethnicity & Gender
Rosie's Place, Boston	<u>17 Women</u> : 14 African American, 1 Latina, 1 Native American, 1 mixed: Black and Native American
Griffin House, Dorchester	<u>10 Women</u> : 8 African American, 1 Caucasian, 1 Native American
Entre Familia, Mattapan	<u>11 Women</u> : All Latinas
Family Unification Program, New Bedford	<u>8 Women</u> : 3 African American, 1 Latina, 4 Caucasian
Faith House, Worcester	<u>8 Women</u> : 7 Caucasian, 1 Native American
Patricia Mays House, Worcester	<u>6 Women</u> : 4 African American, 1 Latina, 1 checked "Other"
Brien Center and Freeman House Pittsfield, MA	<u>12 Women</u> : 4 African American, 2 Latino, 6 Caucasian
Meridian House and Conexions (North Suffolk Mental Health Association), East Boston	<u>3 Women</u> : Caucasian <u>3 Men</u> : Caucasian

Important:

- All participants signed a confidentiality agreement. They also agreed not to mention or be specific about a DSS worker or substance abuse program; rather they shared their general experiences.
- It was not possible to quantify exact number of responses due to the variability in reporting results of the focus groups. Some facilitators summarized number of women who said the specific statements; others reported direct participants' quotes.
- One agency indicated in the above table had a mix gender group.

***The focus groups were conducted by a number of different facilitators with diverse levels of training in focus groups techniques. The lack of consistency and variability in conducting and reporting these focus groups is a limitation. These were not traditional focus groups. However, this document provides a summary of participant's statements and experiences with the Department of Social Services and Substance Abuse Treatment.

QUESTION: How was your experience with DSS?

Positive experiences shared by participants

- Some women expressed having a social worker who is patient, understanding, supportive, and respectful.
- A client mentioned that her social worker is very patient with her. She tells her that she is proud of her. This makes the client feel good about herself. Social worker is loving and respectful towards her children.
- Worker is always on time and gives her positive feedback, because she is doing what she is supposed to do.
- Some reported the experience was difficult at first - however, when they saw that the DSS Worker was actually trying to help them, they built trust.
- DSS helped me with my children and with parenting classes.
- DSS was helpful. They gave me good advice about how to be a better parent. They helped me find childcare and support for my family.
- They were helpful. My daughter was born drug addicted, but I agreed to go to a residential SA program and the worker gave me a chance. I'm here with her. I'm grateful for that.
- DSS helped me during the beginning of winter last year. They asked me what I needed and they provided snow suits for the kids and toys during the Holidays. I felt the worker cared for me and my family.
- I relapsed but they worked with me. I did not feel judged by my case-worker. I know it depends on the worker but mine understood something about drugs. She helped so I could come to this substance abuse program.
- DSS helped me get out of a situation when I was a child. I grew up in foster homes. Now they are helping me to go to treatment with my child. They helped me find school for her and they gave me a \$50 gift card for my baby.
- My experience was good this time. The (DSS) Worker worked with and not against me so I could do an outpatient program.
- "I could tell DSS was looking out for the best interest of me and my child, (and) towards unification."
- "In my past (way of) thinking, I could never find anything good about DSS. I thought they just wanted kids...now I'm thinking a lot different, I have a different worker and reunification is the goal."
- "Forced structure is good."
- "DSS worked with me. I didn't want my daughters separated, even if I don't get to see them." (DSS worked with her by keeping her daughters together)
- Man answered the following: "My experience with DSS: it wasn't 'cause something happened, they came because I had a domestic assault charge. Great service, I think, but I've heard horror stories about families getting split up. Eye opener? Yep, absolutely. New baby, so no cigarettes or alcohol in the house. How you gonna raise a kid being drunk?"

Not so positive or helpful experiences:

- It was hard to concentrate on treatment, and know that your child was in foster care.
- Several reported DSS experience as stressful, demeaning, harsh, and unpleasant.
- When they take your kids away, that's when you start using drugs.

- Lack of appropriate placement for the children. Inconsistent standards.
- “DSS doesn’t listen to you. They listen to somebody else.”
- Several women stated that their DSS workers and their supervisors focused solely on past behavior and refused to acknowledge current progress.
- DSS worker was prejudiced.
- One woman was a 20 year old who sold drugs and prostituted herself in her teenage years. She stated the worker felt she would never have the capacity to build an environment for her baby. She did what she had to do to raise \$30,000 to pay for a lawyer – and she now has custody of her child and is allowed to live in the program.
- Other woman reported she was “gay” and the worker felt that she would always be unfit. She got a lawyer and now has a service plan, allowing her to build an environment for her child.
- DSS doesn’t seem to understand that having a glass of wine with dinner doesn’t make them an alcoholic.
- “They never warned me...I only drank and smoked pot, and then a sudden appearance of DSS...the first time I was 18 years old. Then when my daughter was 6 ½ months old and my other daughter was 3 years old a 51A was filed. I didn’t even know (then) about Detox and (treatment) programs.”
- The experience “sucked”.
- Resident stated that she had asked for bunk beds and was promised (by DSS) that she would have the beds in 2 weeks, but “they never came through.”
- “It’s up to the foster mother whether we can contact our children or not. We have no say.”
- “I completed (graduated from treatment program) on October 14, and I’m currently homeless. There are no apartments available, or Section 8, because I have 4 kids. DSS is saying not to worry, but these are pipe dreams...I’ll probably be going back to court...”
- Resident stated she had gone to a family health center for services and “they just gave me a (paper with a) list of resources. I don’t qualify for housing because I’m still here. All DSS says is ‘send me a progress note and take urines’. They don’t help, there are no funds, they don’t give Pampers, there’s no housing, and no resources.” Resident concluded with: “They pay foster homes and give them support, though.”
- DSS doesn’t validate the work you’re doing [to get your life together].
- “DSS keeps people [who report you] anonymous – backstabbers – they don’t verify [the charges] and it’s up to you to prove yourself.”
- A large number of women reported having telephone messages go unanswered by their workers.
- DSS places a lot of demands on women (counseling, classes, urine screens, etc.) but don’t require the same of the fathers.
- DSS has threatened to permanently remove their children despite following through on treatment.
- My experience was bad because I was using (drugs) and gave temporary guardianship to my mother. I didn’t need to take urines. I gave birth to my son, and relapsed after 3 years sober. I played the guardianship game many years. {This writer asked Resident to explain “guardianship game”} If they couldn’t prove I was living with my mother, they wouldn’t take my children. I have 4 children now. I had 3 at the time. My last horrific experience was when I tested positive with the birth of my last son. It was a drug-induced labor, and that was the last straw. My mother had custody of my kids and when I tested positive they removed my kids.”
- I got incarcerated and DSS took my son. They told the judge they didn’t know where I was. They said in the reports I was a good mother. They told me to go to treatment in one city and then the judge said my house wasn’t acceptable to let me keep my son because he didn’t have his

own room. They said put him in foster care or send him to PA to live with my family. I got sent down once a month to see him. My “creaton” level was low, so they stopped the visits, and they’re putting him up for adoption. We had done everything right. We had been clean. That made me start using again.

- They just terminated my parental rights. Report said I was a good mother. They took my boy because I was incarcerated. My best friend went through the same thing. Children are money to them, not children. They said if my parents didn’t take custody, the state would. They said no to transferring guardianships, just terminated my parental rights.
- Resident stated that she is very concerned that her child’s foster mother is a 1st time foster mother, and resident hasn’t seen her child in 3 weeks. Resident reported she has 3 children, 2 girls, and this is her only boy – 11 months old – “has heart murmur, sometimes turns blue”. Resident stated that she would like the hospital paperwork to be faxed to her so that she can be assured that her child only has an ear infection, as reported by DSS. “I worry all the time because one of my cousins got raped (as a child in foster care) and the other one was molested.” I am willing to go to court and fight for my child. I’ll give urines. DSS doesn’t listen. Ripping my baby away is just wrong. I’m not able to talk to the foster mother (Foster Program policy). This lady had taken my child to the hospital 6 times because he cries. I hesitated to come to this treatment center but if I had known DSS was going to take my child, I would have come sooner.”
- “I gave birth to my son, and as I was leaving the hospital Security chased after me in the hospital as if I was kidnapping my own son. They said I can’t leave with him. DSS came into my room and their first excuse was ‘neglect and abuse’. *He was born 10 lbs. how is that neglect?* Their second excuse was drugs and alcohol. If they drew blood on my son they would know he had no drugs in him.” This was nine years ago, she is living with her son now but doesn’t have legal custody.
- Another participant was in the hospital after giving birth to her son. She was asked to sign a paper and when she asked what it was for, they said “we’ll give you visiting rights to your baby”. “I didn’t even drink!” The hospital said the baby can not leave the hospital.
- A client said that her experience was horrible! Her social worker did not understand the disease of addiction. She took her children, but did not help her to find a detox or SA program.
- “They took my daughter away from someone who loves her and someone she loves. My daughter [14 years old] is in the criminal system now because she jumped a social worker.”
- A man said: “My girlfriend had a bad experience with DSS. People get mentally f****d up from their childhoods with DSS.”

What can DSS workers do to keep families more involved in treatment?

- When a DSS worker understands addiction, it helps keep the families involved.
- When the treatment resource allows or builds a way to getting their kids back. It helps tremendously.
- Being responsive to getting social services and necessary products – clothes, food, furniture – it helps.
- “I would stay longer if my child was with me, and resources were available. I would want DSS to stay involved if they’d help. I always feel threatened. I want their help with school and day care.”
- Improve the groups, some of them. Some are a joke. I’m old and been through this many times. I’ve messed up, back to treatment because of court.
- In this residential treatment center, you can’t call home, not lots of visiting time...gets you angry because you can’t be home, but makes you appreciate being home and doing a much better job.

It puts the focus on real priorities...take booze, chemicals away, then focus on yourself, what's important. Blessing in disguise. Wish I had known this earlier.

- The workers are overworked. Fewer cases for them would be helpful.
- They workers need training on recovery. They also need therapy themselves. What mental health help are they getting, because it's hard to snatch away other people's kids.
- "I was a child in DSS custody, do they look at that?"
- "They don't look at a parent's love for their child. Everyone loves their child."
- Women reported starting to believe their worker's negative comments about themselves and wanting to just give up. More positive messages from workers.
- Women suggested placing the same demands on fathers that they do on the mothers.
- Women wish DSS weren't so quick to split up families.
- Some participants felt DSS was trying to force families to be more like theirs without the resources that the DSS workers have (such as employment or transportation).
- They wished DSS understood addiction/relapse better.
- A client said that her worker didn't inform her of services that DSS can help with (after school programs, clothing, therapy for her children, etc.) She felt like "out of sight, out of mind."

What would help you to stay involved and longer in substance abuse treatment?

- When there was family support – it was helpful
- Counseling is helpful.
- "Wanting to be with my son."
- "They picked me up in Dorchester" (transportation).
- "A program that would take me and my (4) children."
- "I got away from my family and my old friends, and this program took me back for the 2nd time" (Resident was grateful for the 2nd chance).
- Needed support and a sense of hope.
- Less stigma attached to being a mother with an addiction problem.
- Developing plans based on their personal resources would be helpful.
- Some acknowledged they needed time away to concentrate on themselves.
- It was important that treatment providers and DSS workers understand it is normal to want to run away – and can help them process it.
- Having a counselor that was in recovery helped them build trust.
- Another woman said this was her third time relapsing – she was trying to recover and needed a lawyer to make a case for her.
- Having supportive people was helpful.
- One participant called tx programs herself, she was not referred to any. She did a month of outpatient tx, in order to be reunified with her children, but relapsed soon after. She made calls to residential programs, put her things in storage and borrowed money from people to get transportation to the program (Entre Familia) from Western MA.
- Section 8 would help. They (DSS) pulled me out of my house because my baby came out dirty. As long as I had clean urines, they didn't make me look into treatment. They said they "strongly suggest – the decision is yours...as long as you do what you're supposed to do, there's a light at the end of the tunnel."
- Teaching me discipline, not to go out and do what I want to do. Now I can't go out and see my kid. I am willing to do this so it's not that bad for me. It's good because I didn't lose my kid. I can get him back.

- What do I get out of this? A lot. I put myself here at first. My whole attitude is, I know my thinking has to change. Discipline, learning how to keep focus on me and stay clean again. I had been clean for a substantial amount of time.
- The judge said I have to go to AA meeting every day.
- “Knowing that if I complete my treatment program I would be transitioned into my own apartment with a worker that does updates, such as weekly urine screens, and helps with transportation if necessary. After-school programs for the boys like basketball, boys club, boxing, tickets for museum, movies, McDonalds.”
- Follow up with me to see that I continue with outpatient program support and therapy.
- Having a worker who is non-judgmental and culturally aware.
- Man: “I don’t mind coming here. If I’m not here I get high. I come here and work the program and it works. I come because of the courts and DSS coming to me. They didn’t want to leave me alone because of my daughter. I don’t want her not having a father.”
- Believe that the cycle can be broken, we don’t have to relapse. Recovery is possible.
- “If (I was) not here, I wouldn’t be clean and I’d be in jail; I wouldn’t get my (11 month old) daughter back.”
- Remember that someone that had a positive CORI, may have done it when very young and now behavior has or will change. Don’t assume we are criminals.
- This is my first Recovery. Before I came here, I didn’t know I had a problem.

What services would help families the most?

- Family counseling would be helpful.
- Child care support. More resources, babysitters for when appointments are scheduled.
- Legal guidelines and treatment that allows for the child to live with them and teaches them how to parent in recovery.
- Nurturing parenting program was helpful.
- Anger management groups.
- Understanding past issues and the trauma that led me to the addiction.
- Being treated with dignity and respect.
- Having support without being judged.
- Having counselors/case managers that care.
- Reunification with my children.
- A resource guide and a person acting as an advocate is extremely important, there are many unknowns.
- Need to provide individual family assessments; build trust.
- Woman: If we see outcomes, it’s easier to get families involved.
- Man: There should be a straight-up treatment option. 30 day or something treatment. As long as you’re clean and sober at the end, you should be able to get your kid back.
- There should be night treatment hours.
- They should not split up the family and the bond/love. Of course look out for the benefit of the child, but not create a worse situation.
- The most important thing is to keep families together. Give enough time to see if the treatment works out before putting the kid up for adoption.
- Reinforce need to get treatment and stick by it for the sake of the kids.
- Give us a chance to go into treatment.
- “Listen to us”

- “Give me a chance to defend myself”
- “Don’t assume we’re high”
- “Help us get a place to live”
- “Help with groceries and an apartment”
- “Wait time for my recovery”
- “Do what they say they’re gonna do”
- “Follow-through with Individual Service Plan”. (e.g. ISP states Worker will conduct monthly visits – Resident hasn’t seen worker for 2 months, and 4 months at a time. Worker came by the day before the Foster Care Review stating the goal had been changed back to adoption as a goal)
- “Need to be more aware of Addiction and Recovery” (behaviors and treatment – all aspects)
- “Workers are too young – they’re mostly in their 20s and have never had kids”
- Client said that if she had been informed about residential Tx. programs (SA) for women and their children a long time ago, her children would not have had to remain in foster care for so long.
- Providing therapy for our children, because they need to “recover” too.
- Having my children with me in treatment and gaining more self esteem.
- Being connected with a sponsor who has a lot of “clean” time.
- Having a worker who shows me respect and gives me positive feedback.
- Working with the families to explain to them what addiction is. Maybe suggesting that family members join Al-Anon, to get support themselves.
- If foster care necessary – reinforce safety.
- “Family Therapy”.
- KEEP THEIR WORD. Stick to service plan. Say what they mean (DSS), mean what they do.
- Participants suggested that agencies provide “after hour” appointments.
- Having a resource guide available for them to refer to when trying to locate help.
- Client suggested having workers and supervisors trained on cultural issues that deal with anti-racist/anti-bias protocol. This client said that, “Even though we are addicts, we are not one size fits all.”
- Man: Drug addicted parents should be evaluated. Give serious addicts an ultimatum. At the end, if they’re clean, put the family back together. This gives a person their own chance to give 100%.
- “Just because we have issues with drugs doesn’t mean we are bad people.” Workers need to know where treatment programs and Detox are. They need to help with referrals or transportation.
- Big Brother programs for kids who are fatherless – somewhere where there are positive male role models to help my boys be productive members of society and not statistics.
- WE NEED AFTERCARE!
- Therapy, job training, help with school (GED or college).
- Being able to work and find training to get new skills.
- Classes on what happens to the brain when we use drugs.
- Just because we are on DSS, other people make judgment on us. Medical doctors assume the worst, nurses; we also don’t get jobs, etc.
- They need Substance Abuse training and less cases per worker.
- “We need legal advocates, who can explain our rights, and not just court appointed attorneys.”
- “Longer treatment (programs) where older children can be (living), or entire family reunited.”
- “More funding.”
- Aftercare when I graduate my program.