

BACKGROUND INFORMATION/ MOMS OFF METH GROUP

Written by:

Judy Murphy original co-facilitator and co-founder of the group

The original idea for the Moms off Meth Support Group came from a community meeting based in Ottumwa, IA. This meeting was attended by various providers in the Ottumwa area who were concerned about the number of children testing positive for exposure to drugs. A large number of women were losing their children due to their addiction to meth.

Providers from this group include: Family Recovery Center treatment staff/director, Child Health Specialty Clinic, Area Education Agency, SIEDA Drug and Alcohol, Ottumwa Regional Health Center, Department of Human Services, Southern Iowa Mental Health, Public Health, County Attorney's Office, Crisis Center and Women's Shelter, etc.

At that time I was an advocate for battered women at the Crisis Center and Women's Shelter's Outreach Office. Part of my job duty was to attend community meetings and to provide education/awareness of battered women's issues. Following one of these meetings, one of the supervisors of DHS met with my director and I to see if the Crisis Center could develop a support group for women who were addicted to meth. The basis of this collaboration was the idea that many of these women had victimization issues in their past.

Many social workers and child protective workers were overwhelmed at the time and energy it took to help the women addicts as they would call many times requesting information or asking about appointments. The women were frustrated that they didn't get the time and attention that they needed from their social worker/child protective worker. High caseloads inhibited the social workers from being able to spend very much time with the women. The women frequently forgot dates and times of appointments as they were new to recovery and their minds weren't tracking well. One of the first things we did as a group was find someone to help fund some appointment books for the women. This proved to be an invaluable tool and the women used them extensively. Another tool that was used was to find money to buy journals and daily meditations for women in recovery.

I began to work on some ideas for what I felt the group could be comprised of and how and when we would meet. I did put together a folder of proposed ideas/topics for the group that pertained to women's issues. This was also to ensure that there would always be a topic and we wouldn't spend the time without purpose. The first idea was to develop separate support groups for women who had lost their children and ones who hadn't lost them yet. Our concern was that the women who had lost their children would be frustrated about the women who still had their kids. The first group met on July 9, 1999 and was attended by four women who were referred to the group by their social workers.

The first group was spent getting to know each other and asking for ideas/suggestions on what the women wanted to happen in the group and what rules they would like to be used in the group. We felt that the women needed to feel ownership of the group and have one place where what they talked about was safe, not in a report (unless requested by the woman), and confidential. There were some rules that were discussed as being absolutes in the group: confidentiality, no racist, homophobic, or sexist comments, no violence, and respect was essential if the group was to function in a healthy manner.

We also advised them that our goal would be to empower them with educational presentations about domestic violence, sexual abuse, racism, sexism, juvenile court system, DHS system, etc. Again, we stressed that this would be their group and that our job would be to facilitate until they were ready to do so. They decided at that meeting that they saw no need to separate the groups and wanted everyone to meet together.

Interestingly enough, the women took great pride in being called the Moms off Meth group and identifying that they were members. However, they did not like to be classified as "battered" women and were very vocal in owning responsibility for their relationships. Some of the women stated that they were aggressive during relationships also and felt that they were not afraid of their partners. Education about battered women's issues is an integral part of the group. There were also women in the group who were severely battered and we took great pains to ensure that these women didn't feel ashamed of their fear and felt safe discussing what they went through.

Part of the time we had two facilitators as it was felt that support would be necessary for myself and also different viewpoints/perspectives needed. The women were immediately excited about the prospect of the group. We began talking about going out to visit other community partners so the women could share their stories of addiction and their feelings on what the drug did to their lives, their children and their dignity. The people the women gave presentations to were: infant massage therapist, AEA, Head Start staff, school counselors, in-home providers, Lt. Governor Sally Pederson, Human Resource Committee at the State Capital, State Representative Galen Davis, County Attorney, Iowa Coalition Against Domestic Violence, Susan Schechter and Catlin Fullwood of New York.

These groups were very educational to people who didn't understand the reality and human aspect of meth addiction. The women shared their stories of how they grew up, when they began using, the effect it had on their life and how life was for them today. Many people in the audience stated that they felt hearing the women's stories was much more educational than the other presentations they had attended. Some of the audience members cried and were very touched by their stories. Their honesty was very powerful. The community began to support and encourage these women and they were embraced instead of being shunned. The women also began trying to put together fundraisers so they could get out and try some sober activities such as going to Adventureland as a group, a slumber party, and a cook out at Lake Wapello. They held bake sales and car washes to earn the money for these activities.

Our events did not include taking the children. The women loved having time to act silly and have fun together as women. Close and intimate relationships with other women was not a part of the women's past as they had been taught through experience not to trust other women and viewed each other as the enemy or as competition. We discussed with the women the importance of finding things to do that they enjoyed and how to take care of their own emotional needs first, so they would have a better chance of staying clean and sober and rebuilding their lives.

Due to the extreme feelings of guilt and shame surrounding the women who had children in foster care because of their addiction; we began to talk about the importance of learning how to take this time as a gift instead of something negative. The women discussed the importance of using this time constructively to enjoy themselves, learn about who they were as women, what they liked, and to take care of themselves so they could enjoy being a parent. Many women had been parents and been in relationships since they were very young and had never really had any time by themselves before. Turning negatives into positives was an important tool to use with the women. Getting outside of their emotional feelings and seeing “reality” was an ongoing process. Getting out of problems and into solutions is a necessity over and over in the group as staying “stuck” in this was a large part of the women relapsing when problems became overwhelming.

The women wanted information about how to parent their children who had lived most of their lives in a substance abusing home. Many of the children had extensive behavioral issues that the women felt were not being addressed or changed during family centered services. Another identified barrier was that the roles were reversed when the women got into recovery. Many of the children were very parentified and had a very hard time accepting their mother as head of the family. Letting go of their role was a challenge for the women and their children. Trust was also a major issue for the children and they were afraid to trust that their moms were coming home when they said they were, that they were going to stay clean, and that they could talk about things that they used to fear.

We also began discussing different ways the women could become more actively involved during visits and in-home skill development sessions with providers. Some of the women were still very resentful about DHS involvement and removal of their children and this inhibited their success during visits. As facilitators it was important to use group and one on one time with the women to help them work through these feelings and to get actively involved.

The women felt that area providers were not educated on how to work with addicted families. One barrier for the women was that they felt that their provider also judged them on their past and spent an inordinate amount of time reminding them that their children wouldn't be so out of control if they hadn't used, lived the lifestyle, etc. True or not, this was a firm belief for the women. Many providers were also beginning to report that they were not finding a lot of success in treating these families with some of the regular training material on parenting. Drug affected children were not responding to the old methods used by providers. One of the things we were able to accomplish was having a provider from the Heart of Iowa come to Ottumwa to do a training on working with drug affected children.

The women also began to help develop a list of barriers that they faced in the reunification process. These barriers included treatment, in-home provider (parenting), housing, family problems, employment issues, etc. These lists were sent out to various providers and our community groups began looking for solutions to these problems.

It was extremely important as facilitators for us to continually address our own belief system and to remind ourselves that the women were in charge of their goals and lives and we couldn't and shouldn't inflict our values and goals on them. It was a learning experience for me. My first original idea/hope was that the women in the group would all remain sober, get their children returned and life would be wonderful! However, I came to realize that not all the women felt that way, some lost their children, some had rights terminated before they came to group and finally, this was my value, not theirs.

I also found that I had to slow down and let the women determine what they wanted to do as I found myself "working harder" than a few of them did to get their children returned. Empowerment meant letting them do their own work and giving them support, education and referrals to do so. It did not mean one more person in their life mandating what they should and shouldn't do. **LECTURING SHOULD NEVER BE A PART OF THIS GROUP.** There is a huge difference in talking to and talking "at" someone. The women will not hear you if you begin talking "at" them. This tactic implies that the facilitator has power over them instead of being empowering. Drawing a line between being empathetic and sympathetic was also vital as facilitator.

I found myself so excited about what was happening in the group that I began to “gently”; force my views on some of them. For instance, when I started envisioning what the goal of this group was I felt that every woman would stay sober, they would all get their children back, go to school, and have a new way of life. Upon reviewing my goals with my supervisor we determined that this was my value system and I would have to let the women determine what success was for them. Again, this is the reason that we decided to have two facilitators to continually evaluate that the group was facilitated in a healthy manner. I learned to step back and continually review where I was, if this was for the woman or myself, is this value mine, and also asked myself, “Would I do this for every woman?”

I found that it would be very easy to pick “favorites” out of the group especially when they were really working hard and making a lot of changes in their lives. What I realized is that I loved working with someone who had the same values as I did such as staying sober, going to school, getting employment, and “following all the rules”. I cannot stress enough the importance of continual self-evaluation as these women had enough people in their lives that had power over them in some way. I had to tread carefully to ensure that I was not inflicting my value system on to them, even with the best of intentions.

This is definitely not to say that it is not also important to encourage the women to remain sober and attend meetings such as AA/NA and to challenge their fears or feelings they were having. Many of the women had never lived a sober life, did not have sober living skills such as how to get a job, access services in the community, deal with past grief and loss issues, find solutions to their immediate problems, etc. Some of the women got so frustrated about a particular problem that they weren’t able to clearly see a solution, and stayed stuck in the problem itself. Our role was to facilitate discussions on these issues and get to the bottom of the fears they were having.

In addition, some of the women struggled with the belief that since they came into the group with a meth addiction, they felt that they should be able to drink alcohol “recreationally” since they had never really had a problem in the past with it. As facilitators it was important to bring discussions around to other women’s experiences with alcohol and other drugs such as marijuana. We also had a treatment counselor come to do a presentation on the disease concept of alcoholism and drug addiction and it was an important topic for the women. We also looked at the self-medication concept and the reality that many of the women were just using alcohol and drugs to “medicate” deep-seated emotional issues. It was important to advocate and educate the women about total abstinence as drinking alcohol led many women to relapse on meth.

Some of them were just incredibly uncomfortable sober as they no longer had the drug/alcohol to take away the guilt, shame, past abuse issues, etc. from their feelings. Many of them were referred to area therapists to deal with this issue. Some of them started doing a journal for their feelings and many of them were able to process these things/feelings in group. Sometimes the best advice to share with them was to quit projecting into the future about “how bad things were or were going to be”. Staying in one day at a time and working on how best to deal with that day’s problems was also an important tool for the facilitator to use.

It was also very important to educate the women on changing their old patterns and friendships. Family relationships were discussed and some of the women had to let go of unhealthy family relationships that were shaming or unhealthy for them. Many of the women came from homes where there was generational substance abuse and could not attend family functions or use these family members as support systems. Getting out and finding employment was also a big fear for some of the women. At that time there was a program called the NEW program (Non Traditional Employment for Women). Many of the women enrolled in this program that helped them brush up on old skills prior to enrolling in college. Quite a few women went to college and did an incredible job. This was a large part of helping them gain some self-esteem. Praise was essential for every step they took in gaining their independence and moving forward in their lives. We also “celebrated” the number of days and months that they were staying clean.

Looking into patterns of relationships with men was also a key focus of many discussions. Many of the women in the group had been in abusive or harmful relationships and we began discussing what they could do to empower themselves, how they could change their path and how it affected their life in recovery and when they were using. One of the original members had been in incredibly abusive relationships all her adult life and the first time she went out with a man who was the exact opposite of her past relationships we had a great discussion on what this was like and how she felt.

In group we also discussed some patterns of abusive men and what kind of red flags or warning signs they could look for to “screen” the man they were interested in prior to getting emotionally involved. One of the favorite comments the women identified that was said to them by men they were interested in was “I don’t beat women”. This was discussed in depth during group as what many batterers have said to them early on in relationships. We all decided that this could be a red flag as men who did not abuse women never felt that they had to “qualify” this when they first met someone.

Furthermore, the women were educated and we spent a lot of time discussing the value of changing, confronting and re-evaluating their beliefs about themselves. Guilt and shame has been a long-term issue with the women and finding new ways to look at their past was an ongoing area to explore in group. The women also spent a lot of time and energy on trying to change other people in their lives whether it was trying to change their behaviors, thoughts, or actions. Again, we focused on accountability for themselves and taking focus off of others.

Another area that we felt would be beneficial to the women was to offer one on one meeting with them on a regular basis to go over their goals, help develop reports to the court and offer support and encouragement. Although not all the women accessed this service, a large number of them did. There were some women who came to the group who were shy or afraid to talk about things that were bothering them.

One woman came to a one on one session and stated that she felt that there were many occasions when she felt the group was not staying on a topic or that there was too much cross talk. Again, as facilitator it was important not to “rescue” this woman and handle the situation but to empower her through support and suggestions on how to address this issue during group with healthy coping skills and owning her feelings and not blaming the group for them.

There was another instance when the women said that they didn’t want any children coming to the group in the beginning. I, for one, was glad, as it would be very distracting. However, the women later voted to allow women to bring their children if they didn’t have daycare. We had contacted a local daycare provider who was near our meeting place to see if the women could bring their children there during group and the Crisis Center would pay. Even though they agreed to do this, the women did not access this service, as the paperwork to enroll a child was unbelievable. Some of the women had protective daycare services provided by the Department of Human Services at that time and accessed this for the group. However, with funding constraints it is unlikely that this will be applicable or available.

Obviously, due to the various topics that were not suitable for older children; it was important that children not be present in group if at all possible. This issue worked itself out without either facilitator having to “take charge” of the situation. Again, the women are bright, perceptive and once treated for their addiction, empowered with education and information and very capable of make healthy choices.

The women also voted to open the group to all women with addiction and not limit it to just meth addicts. They wanted other women to receive the same benefits from the group they felt they were getting. The women actively recruited other women that they used to use drugs with, met in AA/NA meetings, or met in treatment and brought them to the group. It was important for us to have an intake process to keep statistical data about the women.

The women were encouraged to bring in new women at least a half hour prior to the group so we could gather statistical data about her and educate her on confidentiality. Some of the statistical data collected was about number of treatments they had, grade level in school completed, abuse history, number of children, legal problems, etc.

It is important to re-evaluate abuse history after presentations and information on sexual and physical abuse. Some of the women did not know that sexual abuse did not mean only penetration and that they were survivors of sexual abuse if other things happened to them such as fondling.

Eventually, it was decided to help the women write their own court reports as they felt that they didn't have a voice in court. These reports were very important to the women and they were very proud of them. They were able to tell their story according to their reality and not the opinions/views of others. These reports were not used as a way to make derogatory remarks or statements about DHS, providers, family members or their situation, just to submit their own story and also to ask providers, DHS staff and the judge not to court order women to the group as it took away from their original purpose which was ownership of the group.

Many of the social workers began recommending to the juvenile court judge that the women be court ordered to go to group. This was not done maliciously but only because they began to see the women's lives transform and wanted them to continue. The women were worried (with good reason) that having women come to the group who didn't want to be there would inhibit women who wanted to be there from sharing things that were confidential with each other. The social workers were receptive to their feelings and no longer made this recommendation. Participation was strongly encouraged however.

The women also began to actively attend court hearings with each other as a group; especially when it was a difficult hearing (such as termination of parental rights) for the women or they felt outnumbered. The women were educated on proper courtroom etiquette and attire. It was very important to educate the women on some of their negative expressions, sighs, rolling their eyes during testimony, etc. as the judge and other's in the courtroom were very observant and this was also important tool for them to regain their dignity.

The first reaction of some of the lawyers and providers was one of trepidation as they were concerned that the women's behaviors would be out of control or inappropriate. In due time, it was viewed very favorably. There was one occasion when a DHS social worker was trying to end reunification with a woman in the group as she had relapsed too many times. However, this same woman had only recently joined the group and had begun to make a lot of headway in her own personal issues and was beginning to make the necessary inner changes. We encouraged this woman to take a drug and alcohol counselor with her as a witness to discuss treatment, relapse, etc. at the hearing. I helped her write a report for court and attended the hearing with her as did other group members. The social worker was very used to getting her recommendations adopted by the judge and was amazed when he overruled her recommendations and gave the women another six months to regain custody.

There was a woman who attended the group that had numerous terminations of parental rights in her history over the course of time on different children. When she came to the group, her social worker had already filed for termination on the youngest of her children due to her previous terminations, domestic violence and drug abuse. We had an expert witness from the Iowa Coalition Against Domestic Violence come to her termination hearing, a substance abuse counselor and also helped her write a very powerful report regarding her past violent relationship with the children's father. Although, the end result was termination, this woman stated that she felt that she had done everything in her power to regain custody and felt empowered in the process.

Over the course of time, the women began learning new social skills while interacting with each other and began feeling comfortable enough to confront each other on certain issues/beliefs. Again, educating the women on how to confront others assertively without shaming or blaming the other person and accepting responsibility for her own feelings was very important and I or the co-facilitator was present during these meetings. It was also important to discuss and evaluate certain statements that the women made to each other in group.

Again, no matter if it comes from the facilitator or the other members, there should not EVER be an imbalance in power. No one should ever walk away from that group feeling worse than when they came in. Each woman, if facilitated in a healthy manner, will walk away energized, inspired and ready to fight the battle to stay sober, reclaim and rebuild their lives and hold their head up in dignity for one more week. If that is not happening, the group and facilitator need to examine what is going on and take an “inventory” of what needs to change.

When women came to the group and admitted that they had relapsed we encouraged them to be honest with their social worker about their relapse. Again, this will only happen if this group is viewed by the women to be a safe place to share and that there will be no disclosure. We felt that honesty and integrity began to be very important to the women the longer they were clean and were afraid that keeping this secret would take that away from them and also make them prone to relapse again. Again, this choice was up to the individual and not mandatory. However, we strongly encouraged them to remember that responsibility and accountability were their keys to independence and also to their integrity. The women were aware from day one that we would have to report child abuse if it was disclosed during group as that was part of my job.

One barrier to the women’s earlier recovery attempts was the secrets they had kept regarding past sexual and physical abuse, feelings about their family relationships, drug use, etc. I cannot stress enough that the women suffered severe guilt and shame regarding things that had been done to them, things that they had done, and relationships with their children. It was vital to their growth in recovery and as women that they began to own their feelings and their power. Many of them felt that they had no power and were bad moms and couldn’t see that their drug addiction dictated their choices with their children. In addition, the way they were parented also played an integral role in the way they took care of their children. Education and information play a vital role in the group.

There were some occasions when some of the women in the group had conflicts with other women in the group that were never resolved from their using days together. For instance, there were women who later came to the group that one of the women may have felt personally wronged her while they were out doing drugs by sleeping with her boyfriend, calling DHS on her, etc. It was important to educate the women on resolving conflicts in a healthy manner by having them meet with us to discuss what had went on and how they could resolve the issue. Many of the women had never learned healthy coping skills and this was another way to empower them successfully.

Eventually the women's schedules began to conflict with the time originally set for the group to meet. The women also stated that they had friends who wanted to come to the group but were unable due to the time (first group met on Friday mornings at 10:00 a.m.). The women asked me to start another group for those who couldn't attend. We set up Tuesday evenings at 5:30 for the new group. Not only did we get new women to begin attending the group, but the other women also began coming to group twice a week instead of just hitting the first one. They maintained that they got energized and inspired by attending and liked having one more meeting. The women also began asking their providers not to schedule meetings during their group time as they did not want to miss out.

In addition, there were occasions when we were unable to attend or open the group due to holidays, court hearings, training, etc. The women asked why they couldn't come in and open the group as they felt that skipping a week would not be good. We began letting the women choose who was going to be the facilitator and held them responsible for keeping notes, record of the topic, who attended, signing papers and keeping the group focused and on topic. This was very empowering to the women and they began to pick group dates when they wanted to facilitate or lead the group even when we were going to be there.

Many newspapers reporters began wanting the women to tell their stories. Although this was a good tool for getting the message out to other women who may need the group, one problem was the way the stories were worded. A few of the women were very angry when things were reported differently than what they said. We encouraged the women to think about not using their names when meeting with a reporter as these stories were very explicit and may later come back to haunt them. However, the overall experience with newspapers reporters was favorable and they seemed to genuinely want to help the women's cause.

Another aspect that we discussed was having the women do things for the community that would enable them to feel like they were part of their community. The Crisis Center was involved in a Christmas drive for the poor. The women in the group helped gather, wrap, and deliver these gifts and were extremely proud of the work they did.

It is important for the selected facilitator to realize that there is no way you can work with the women for a long period of time without becoming attached and to care deeply about them. We also felt that if we wanted the women to trust us, it would be important for us to be "real" with them about ourselves, fears, choices, etc. This is NOT to say that the facilitator should use the group to meet their own emotional needs, but to model honesty and openness with the women. The women who originally came to the group continued to come for the two-year period that I facilitated the group.

One mistake I feel that is made with support groups held by professionals is the "distance" between the facilitator and the member. This feature, although not intended, implies that the facilitator has power over the women in the group. This position should not be viewed as the person in "charge" of the group; merely the person who helps to "facilitate change" by modeling, communication, and being "real". Over and over I have to assert, if you want their trust, you must be trustworthy. One of our favorite sayings toward the end was "if one of us gets cut, we all bleed". There is no way you cannot care about the women in the group after working with them, cheering them on, sharing in their pain and joy, that you cannot be bonded to them.

Laughter was also a very healthy tool used in the group. Some of the women were incredibly funny and had some great stories to share. Although, to an individual who hasn't walked a similar path, some of the stories may be shocking, many of the women really enjoyed telling what happened when they were using, such as their paranoid thoughts, escapades, etc. However, it would not be healthy for the women to dwell in their using stories as some of the new women may be uncomfortable. This issue was usually taken care of by someone in the group who would state that they were beginning to be bothered about these discussions as it brought back cravings for some.

Bringing up or confronting things with the women regarding statements, shame, blame, responsibility, etc., should be done in a non-confrontational style. Their family, community, partners, and providers have judged the women for most of their lives. It is imperative that the facilitator brings up these discussions in a healthy manner; using statements like, I feel, I wonder, what do you think, etc. Over and over again, the focus is on empowerment. Empowering the women with information and education that will facilitate change. Not believing that any woman in the group has power over another whether it is because of their history, background, education, etc.

Some of the women felt it was a source of pride that DHS or the legal system was not in their lives and may portray that it was because they weren't as bad off. However, the disease of addiction is progressive and education on that topic should be done throughout the group. Again, this can be a learning tool for the women. Also finding common feelings with the women and the stories they shared was important. Even if their experiences were not the same, the overall feelings of helplessness, powerlessness, guilt and shame were a common thread. Skid row is a feeling not an event.

The women also worked closely with the Drug Affected Children's Task Force that was very active in Ottumwa. Many of the providers began asking me to take different issues back to the group and see what response the women had. The task force was working on preventative measures for women who were not involved in any system yet. One idea they had was to ask the women what kind of message they would like to see in the doctor's offices brochures regarding pregnant women using drugs. The women collected a variety of brochures around the area that were available in doctor's offices.

Upon reading these brochures the women stated that they didn't even pick these kind of things up in doctor's offices when they were pregnant because the messages in them were so shaming. I took this information back to the Task Force and the end result was the women were able to help develop a brochure specifically for pregnant women who were using. This brochure had a message from the women in the group that explained their views on this topic and also gave a wide variety of area resources they could contact (along with the group) if they were using and wanted to stop.

Team meetings with DHS and in-home providers were also opportunities for empowerment with the women. Many of them were afraid to speak or address their concerns during these meetings, as they felt "outnumbered" by people in power. As facilitators; we felt that team meetings were an important tool for the women to bring up issues that bothered them or things they were struggling with such as visits with their children, relationships with providers, etc. We helped the women write up notes prior to the meetings and also educated them that they could also request a team meeting themselves. Their social workers and providers felt that this was an area of growth for their clients when they came prepared to discuss barriers and were actively involved in meetings.

Also, it is important for the facilitator to become educated on the juvenile court and DHS system so they could explain the process to the women when they became involved. Due to Adoption and Safe Families Act it was imperative for the women to get very actively involved in their cases and to work very hard to achieve their goals as recommended by DHS and the juvenile court; especially with children under the age of 5.

Finally, the women also voted to not allow any DHS staff to ever visit the group even to present information or to receive information; as they felt it may make some new women in the group wonder about confidentiality or affiliation with DHS. Consequently, when I was hired at DHS, it was agreed that I would not be able to come to the group again. The women and I grew very close and we all cried when I left the group as facilitator but they remained consistent in their original rules. They stated that even though they knew I cared about them and was supportive of them, they didn't want to take the chance of scaring away any new women who may hear of a DHS worker coming to the group. That is empowerment in action.

For more information on how to start a group in your area contact:

Cheryl Brown, Director, Crisis Center and Women's Shelter, and co-founder and co-facilitator of the original Moms off Meth Group. 641-683-1750

OR

Judy Murphy, Meth Specialist, Iowa Department of Human Services, 641-684-3910.