

# **The Value of Residential Treatment:**

## **Women's Perspectives**

Prepared for:  
**Meta House, Inc.**

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## Introduction

Meta House has been providing residential substance abuse treatment for women and their children since 1963. The program's treatment approach is gender-specific, trauma-informed, culturally-responsive, and family-focused. Extensive program evaluation data has consistently documented positive outcomes for women who have participated in the program, including decreased substance use, improved mental health functioning, improved family functioning, and positive birth outcomes. In addition, program participants have provided anecdotal testimonials about the difference Meta House has made in their lives and the lives of their children. To build on this data and information, Meta House's evaluation team was interested in developing a richer and more systematic picture of how women understand the role that residential family treatment has played in their recovery. With this goal, the evaluation team conducted in-depth key informant interviews with a small number of women who had successfully completed residential treatment at Meta House. This report highlights the themes that emerged from those interviews, including extensive quotes from the women themselves.<sup>1</sup>

## Methodology

During August and September of 2014, in-depth interviews were conducted with four women who were at least one year past their entry into residential treatment and who were considered by their counselors to have successfully completed treatment. The women interviewed ranged in age from 28 to 43 and included women who described themselves as Black/African American and women who described themselves as White/Caucasian. All four women were pregnant at the time of their admission, and three delivered their babies while still in residential treatment. Three of the four women also had older children, most of whom were in some type of out-of-home-care arrangement during their stay in residential treatment. All of the women had successfully completed the residential treatment episode that preceded the interview (with lengths of stay that ranged from approximately 3 months to 8 months). Prior to that, all of the women had a previous substance abuse treatment episode at Meta House or elsewhere. More detailed information on the interview recruitment process and the women interviewed can be found in Appendix A.

The semi-structured interviews were conducted by senior members of the evaluation team, with verbatim notes taken by an additional evaluation team member. Women were asked to reflect on how and why residential treatment was important for their recovery and for their children (for a complete list of the interview questions and prompts, see Appendix B). The interviews lasted between one and two hours, and women were compensated \$25 for their time.

The detailed interview notes were analyzed through a systematic coding process. Key themes were identified and independently manually coded by five members of the evaluation team. The final themes and selected quotes were developed through a consensus process. A description of the major themes that emerged from the analysis and illustrative quotes from the interviews follow, including:

- The necessity for residential treatment
- The value of structure
- The wrap-around, holistic support

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<sup>1</sup> This report is limited to the perspectives of women who had successfully completed Meta House's residential treatment program and for whom significant time had elapsed since their residential stay. Women who leave treatment without completing or who are in the midst of their residential treatment may have very different perspectives.

- The focus on health and overall well-being
- The intensive parenting support
- The value of being with other women
- The importance of a substantial length of stay

### **The necessity for residential treatment**

All of the women interviewed had previously unsuccessfully attempted to stop using alcohol or drugs through outpatient treatment, 12 step programs, and/or short-term or mixed-gender residential stays. The women indicated that, for them, these treatment supports were insufficient and that they truly needed the intensive, gender-specific treatment that Meta House's residential program provided. In contrast to outpatient treatment, the residential level of care afforded them the opportunity to extricate themselves from their using environment and triggers, as well as to have some respite from the demands of the "real world". The women noted that by the time they entered the residential program, they had burned their bridges with non-using family and friends, and therefore had very little remaining instrumental or emotional support. In retrospect, they could see that their addiction had progressed to a point where their lives and the well-being of their children were in jeopardy. As a result, they viewed residential treatment as having been their only hope to break the cycle of their addiction and to provide a positive, stable environment for their children.

- "My feeling is, you *have* to have [residential] treatment. For me, it was the one thing that changed my life. I'd gone to detox before, gone to outpatient treatment. I'd even been court ordered. Nothing kept me from using drugs. When I walked into residential and I knew I'd be staying there, it really changed everything for me. I probably could have gotten some of this support with outpatient treatment, but the problem with outpatient is that you're still out in the real world, and you're living with a family that is so disappointed, so upset, and so hurt."
- "Residential was important to me because, from prior experience, my addiction doesn't care if I'm pregnant or not. I needed to be away from the neighborhood, away from the environment that I was staying in."
- "I left everything behind. [My family] started calling to ask what I'd do with my apartment. I said, 'Look, please leave me alone right now. If I go back, I'll start selling everything, and then I'll have money, and I just really can't deal with that right now.' I had to walk away. I was so far gone ... there was nothing to hold onto. I had to get out of there. I had to take my baby, and I had to go. And I haven't looked back. I [recently] celebrated a year [clean]."
- "I knew, because I'd tried outpatient a couple times before and was unsuccessful, that I needed something more. With my drug of choice, any time you use could be your last time. It's really scary. So, for me, residential is really important."

### **The value of structure**

All of the women spoke to the significance of the structure provided by residential treatment, indicating that it helped them immensely in the early stages of their recovery and also equipped them with skills they could carry over into their lives after leaving treatment. At the outset of treatment, the rigidity of the initial restrictions, chores, and ongoing schedule often seemed excessive and frustrating to the women. In retrospect, however, they understood both the rationale for and the value of that structure. Women noted that their lives had often been chaotic, disorganized, and unpredictable while actively using drugs and alcohol. For those who

already had children, they recognized the detrimental effect that this lack of structure had on their families. Ultimately, the women found the daily routines of residential treatment were comforting and provided a scaffolding for their recovery and for establishing a healthier lifestyle. The women indicated that over time the structure prepared them for discharge, giving them daily living skills, a model for organizing their family life, and a strategy for ensuring that they built in time for self-care and attention to their recovery.

- The chores and cooking [at residential] . taking care of everyday things . that routine. We had classes from 8 to 4, had to be places when we were expected to, on time. Afterwards, we had to cook dinner, clean up, have a little free time, and then get to bed on time. That schedule . it really helped. Nobody does those things when you're using. You're just a mess!+
- It had been so long since I ever took time for myself. It felt awkward at first. But I realized how important it is to have that self-care. But then, also, the chores . you have your weekly chore, and you have to sign up for cooking and different things. That was important too. Just having responsibilities. And it seems simple to some people, but it's important! Sometimes that's overlooked when you're not living a normal life. So when you're thinking about what your life is going to be like after treatment, all of it is really things you're already doing on a daily basis! You get used to having that structure in life for after treatment.+
- I needed some structure. My [child] had no structure, [my child] just basically did whatever [he/she] wanted. [My child] wrote on my walls, and I didn't care. I felt like, "Just leave me alone so I can [use]." I needed structure. I needed a schedule, for sleeping, for eating, I needed someone to show me how to live. But addicts, we need that repetition. It needs to be practiced. We need to do it every damn day until it becomes a habit, but that doesn't happen overnight.+
- The same routine that I learned in residential, I live by to this day. [More than a year] later, I have the same routine! I'm in bed by 9:00, I get up at 5:00 with no problem, I don't need an alarm clock because I'm used to that routine.+

### **The wrap-around, holistic support**

Meta House's residential program provides a vast array of services to women, children, and other family members (e.g., significant others, children's fathers, extended family, etc.). These services range from therapeutic, evidenced-based interventions to concrete supports such as transportation to appointments, baby supplies, etc. This full array of services was seen by the women interviewed as being invaluable in their recovery, with each woman highlighting a slightly different service set. The women described the assistance as beginning prior to entering treatment and continuing after discharge. Overall, they viewed the services as providing comprehensive, holistic assistance that helped them develop life skills but also promoted independence and responsibility.

- They told me to be [at the Central Intake Unit] at 7:45 AM, and Meta House came to pick me up by 1:00 that same day. I didn't have to wait, which I wasn't expecting. And I tried to come up with some excuse, "Oh, I have to go get some clothes," and [Central Intake staff] were like, "No, they have clothes for you. They have everything!" No excuses!+
- I had a wonderful pregnancy due to Meta House and the staff. I had a lot of help. It even got to the point where I would lay down to take a nap, and someone would just do my

laundry, since I couldn't lift more than 5 lbs. They helped me out with my pregnancy and gave me everything I needed. I had everything I could ever wish for, for a baby . she still has clothes just piled up. My parenting person brought me stuff, people just gave me stuff. Since I walked into residential, I have not wanted for anything, and neither have my kids.+

- I took advantage of what was offered . I had a parenting person. My baby went to therapy. I took advantage of all opportunities while I was in residential. I talked to staff so much, I drove them crazy over there. I learned how to deal with people, but I also learned how to deal with myself! I learned a lot.+
- It was important to learn about being a big girl . I wasn't an appointment-maker. I didn't care, I didn't see the relevance. I would bring up stuff like, Hey, words are looking fuzzy, and my counselor would say, Okay, let's make an eye appointment. She might dial the number, but then she'd hand me the phone and say, All right, this is your life! You talk to them!+

Beyond the instrumental support women received from groups, classes, and other resources, each of the women interviewed spoke about the value of the emotional support they received from the Meta House staff and from their peers. It was clear that they felt truly cared for and appreciated in residential treatment, and that this genuine regard was deeply meaningful for them. In addition, several of the women noted the importance of having role models among the staff, i.e., women who were successfully in recovery themselves. Further, although they had all completed treatment some time ago, the women who were interviewed were confident that they continued to have the support of the staff and their peers.

- The support, the nurturing, the love that you get at Meta House is great.+
- It is so inspiring to see someone who works here, and know that they have gone down the same path, and have the same history, and to know that they made it! And they look great, and they're doing well, and they have a job! When you're using, you think that's not even an option.+
- I had a great counselor.... She's in recovery herself . not that that makes you a great counselor, but it helps, to be relatable. I've had good counselors that aren't in recovery, too, but I just really connected with her. She's just really a genuine person.+
- Learning how to be a friend was a big thing for me. Today I have friends . real friends! And I'm a friend to them. I met some women along the way, and thank God I did.+

### **The focus on health and well-being**

When highlighting the wide-ranging holistic support of residential treatment, the women interviewed specifically emphasized the importance of services, policies, and messages specific to women's health and overall well-being. All four women were pregnant during their time in treatment and all indicated that the program had provided practical and emotional support as they strived for a healthy pregnancy and prepared to deliver their baby. Each of the women spontaneously acknowledged the program's in-house nurse, expressing appreciation for her professional expertise, her focus on prenatal health and nutrition, and her willingness to offer genuine, personalized feedback.

- They have a nurse there, and she's amazing. She had her own group, a prenatal group, just for the women who are there while pregnant. It was so personal. You could ask her anything! And through her experience with her own children, and her nursing experience, she was able to answer any questions I had. I was scared; I had a million questions.+

- Nurse Amy is the best, let me tell you. She's just so loving and caring. And you can tell it's just natural! It's more than just her being a nurse. She has that instilled in her. I was high risk. I went to the doctor, they did ultrasounds twice a week. I had a lot of doctor's appointments. They made sure I had everything that I needed.
- Nurse Amy was great. She's gung-ho on eating what you're supposed to eat, everything. I love her. Wouldn't trade that for anything in the world.
- Not only did Meta House get me medication, but the food was so important. Nurse Amy. she was on top of it. She had me eating small meals and snacks to help my blood sugar. My health just completely turned around. And just my health alone made a huge difference. I was able to deliver a completely healthy baby. Without Meta House, I don't know what would have happened.

In addition to the health-related and prenatal services and support, several of the women acknowledged the importance of Meta House's no-smoking policy.<sup>2</sup> Although the policy has been somewhat controversial in the community and challenging for women in residential treatment, it was mentioned (without prompting) and also endorsed by two of the women who did smoke. These women viewed the no-smoking rules as promoting the health of both women and children, and one indicated that they contributed to her decision to stop smoking.

- I quit smoking! We went smoke-free when I was here, and everyone hated that. People were sneaking cigarettes all the time. But [the no-smoking policy], too, helped me have a healthy pregnancy. And I still don't smoke now.
- I really agree with their nonsmoking thing. Even though I do smoke, I think it's really important. For one thing, there are pregnant women there! It's hard enough to quit on your own, let alone to see them smoking, smell the smoke. If you have the option to [smoke], it's hard! And there are children! There are a lot of visitors. The courtyard's not that big. If you have people out there smoking, kids are running around. If you don't want your children around smoke, you shouldn't have to stay inside. It was tough at times, but worth it.

### **The intensive parenting support**

In the context of all of the services and support offered, the women interviewed spoke of the profound effect that residential treatment had had on their role as a mother. Women noted the importance of being able to have their babies and/or children with them in treatment, both for supporting their ability to remain in treatment and for assisting them in learning how to be a sober parent. The women valued the structured parenting classes and therapeutic interventions, as well as the hands-on, real-time coaching they received in how to be a mother. Some women credited residential treatment with helping them retain custody of their children and/or with beginning to break the cycle of intergenerational substance abuse.

- They were really patient with me [after having my baby] as far as coming back to programming. I tried to make as many as I could, and luckily my [baby] was very good about sleeping.... They were very patient with me, said to get to groups when I was

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<sup>2</sup> In July 2012, Meta House moved to being an entirely smoke-free campus. While existing policies already prohibited smoking in all buildings, the new policy added that smoking anywhere on the grounds (e.g., yard, parking lot) and within the sightlines of the facility would not be permitted. In addition, the new policy prohibited clients in the residential program from smoking while at outside appointments and on passes. The program modified client treatment plans to include treatment for tobacco dependence and enhanced smoking cessation services and supports to women in treatment.

ready and as much as I could.... I went as soon as I could get back to groups, and I was able to bring [the baby] with me! So that was really nice. I don't think I would have stayed, if I couldn't have [my baby] with me! Those early days are so important for bonding.+

- Once I got to Meta House, I realized I had no parenting skills. I wasn't surprised, but I was like, "Wow!" I mean, I knew how to change a Pamper and bathe a baby, but holding properly, swaddling, comforting, laying a baby down . I didn't know. I never took advantage of opportunities like parenting classes and nurturing and filial therapy [before residential]. I found out there's so much more than dressing them up, giving them a bottle, and making them look cute. And I learned that in residential. How to properly wash a baby bottle. Little things like that. It was amazing. So, I'm learning how to be a parent. And I'm a good parent today. I'm a really good parent today.+
- You learn how to hold the babies, how to wrap them up, make eye contact. One of the important things I learned, [staff] told me not to pass the baby around, since the mom needs to bond. I learned a lot . a LOT! . over there, because I had no clue.+
- Celebrating Families! was really good. It gave my [partner] and I some open dialogue about what we had been doing. On our car rides home, we'd talk with our oldest [child], for the entire ride home . about 30 minutes . and we'd talk about what the topics were. Meta House started the conversation, but it went on into our car rides. It was so important at the time, for ourselves and for our [child].+
- I messed up my life, but I don't want my [child], in 15 years, to be a resident at Meta House, based on the choices that I made. As I'm taking advantage of opportunities, [my child] reaps the benefits of them. I learn some things, so I can teach [my child] some things. Everybody wins, as long as I stay clean.+

### **The value of being with other women**

Each of the women interviewed directly or indirectly emphasized the importance of the gender-specific aspect of Meta House's residential treatment. The women indicated that being in a female-only setting allowed them to focus more fully on their treatment, openly express themselves, and feel safe. In addition, it gave them the opportunity to establish deep and meaningful connections with other women, sometimes for the first time in their lives. The women spoke to feeling fully understood by other women (staff and peers alike), and to the value of having readily available "experts" on pregnancy, parenting, and other aspects of being a woman. Overall, it was clear that those interviewed fully appreciated the community of women that they experienced while in residential treatment and were motivated to extend that community into their post-treatment lives.

- I've been through treatment in the past where it's both males and females that attend, and it's a whole different feel, a different atmosphere. [With just women] you don't really have to put on a show or impress anybody. Not that I was ever in treatment looking for a relationship, but having men there is a whole different atmosphere. Even if you're not conscious of it, when men are around, it's just different! [When it's just women] you can be more open about women's issues, you don't have to feel self-conscious about talking about abuse, or feel like men are judging you in some kind of way. You really feel understood and connected with the other women.+

- The women over there, especially the staff . I got really close to them. They showed me how to be a woman. How to dress properly. How to talk properly. If you want people to respect you, you have to respect yourself.+
- And I guess just living with other women was really helpful, being able to ask my peers questions throughout my pregnancy. Different things . your body changes, your hormones change. I asked everyone, ~~is~~ this normal? Is that normal? What can I expect this time? It was really helpful, because there are women of all ages, of all different backgrounds, so it was really great being able to ask anybody!+
- The dinners were wonderful: women cooking together, sitting around the table. Having the prayer, regardless of what your beliefs are. Having the traditional family sit-around-the-table dinner was nice. I really liked the whole thing.+

### The importance of a substantial length of stay

Finally, each of the women stressed how important it was that they had remained in residential treatment for a substantial length of time. They noted that the extent of their addiction meant they needed sufficient time to fully experience physical and emotional withdrawal, to develop trust, and to begin to create a life that no longer revolved around substance use. The women pointed out that they had to learn a whole array of new skills, including how to truly parent, and that they needed time, support, and a safe environment to practice those skills (e.g., ~~we~~ need to [practice] it every damn day until it becomes a habit+). Further, they emphasized the importance of developing strategies for relapse prevention and building natural supports among their family and friends. Several women pointed out the value of having enough time in treatment to experience potential setbacks (e.g., relapse) and/or stressful life events (e.g., the death of a family member). The opportunity to encounter these challenges while still having the intensive support of residential treatment was seen as an important component of long-term recovery. Finally, all of the women interviewed went on to participate in outpatient services after leaving residential treatment. This full continuum of care was viewed as essential to helping women maintain the gains they had achieved and to translating their new learnings to daily life.

- It takes a week or two just to clear your head, get used to the schedule, start opening up. I've been in treatment in the past where the first couple weeks, I'm just an emotional wreck! I'm just overwhelmed. Especially if it's your first time, it's all new. I just don't think 30 days is enough time.+
- At residential, you can't just leave after two or three months when you think you've got it together. You have to stay the whole duration, which is good . when you leave, you actually DO have it together... After I'd gotten a few months clean, gained some weight, had a few cups of coffee, saved a few dollars, I felt like we could leave. But from my own experience, I finally made the connection that we *shouldn't*. I've done that . gotten clean, gotten a few outfits and before you know it I'm back, scraping myself off the ground again because I thought I had it. Then life showed up and I had no armor to prepare me for that situation.+
- In the length of time, you learn what's safe, and what's not safe. You get to put together a good support system, a safety plan. If you come into treatment and need to leave in 30 days, or 90 days, or whatever . you may not get that. The longer you stay there, the more you get to put together a plan.+
- The transition to outpatient treatment . that's so important. Because once people are ready to move on, they still need that support. Especially when they're transitioning out

of residential. You've been in a safe little zone, and you really need support when you transition out into the real world.+

## Summary

Interviews conducted with women who had successfully completed residential treatment at Meta House provided a rich, poignant, and detailed perspective on the value of residential family-centered treatment. Each of these women credited residential treatment with having dramatically changed their lives and the lives of their children. Given the depth of their addictions, none of the women felt that they could have moved into recovery without participating in a residential level of care. The elements of residential treatment that were seen as most essential included the structure of the residential schedule, the wrap-around support, the focus on health and well-being, the intensive parenting support, and the community of women. Each of the women interviewed emphasized the importance of a substantial length of stay in residential treatment, noting that they required time to withdraw from substances, to develop trusting relationships, to develop strategies for relapse prevention, and to begin to build a life based in recovery.

This report is specifically focused on the perspectives of women who had successfully completed residential treatment and for whom enough time had elapsed to enable them to reflect back on their treatment experiences with some distance. As a result, the report does not represent the experiences of women who did not complete treatment or women who were in the midst of a treatment episode. In addition, the women's perspectives on residential treatment were grounded in their experiences of the Meta House model of a gender-specific, trauma-informed, family-focused system of care. As a result, their views are not generalizable to all residential treatment experiences.

Nonetheless, it was clear that these women experienced residential treatment as having made a profound difference in their own lives, in the lives of their children, and (as some indicated) in the wider community. As a result, each expressed a deep gratitude for their time in residential treatment and a recognition that it was a life-altering experience:

- Residential was a true blessing.... I am SO grateful for residential. It saved my life.+
- I just feel so lucky, so blessed . I don't know what the word is. But at that time in my life, the idea that a place like this was available to me and that I got in.... I feel like everything happens for a reason.+
- Residential helps save lives of women and children. It keeps children out of foster homes. It keeps mothers with their children, which is so important.... [It] helps women get out of poverty, take care of their children. When your kids are taken care of and receiving an education and you can be there for them, they do grow up and see you as a role model, see what you've done. It can break the cycle of addiction, and help them grow up strong.+

## Appendix A: Interview Recruitment and Interview Participants

The evaluation team was interested in gathering the perspectives of women who had successfully completed residential treatment and for whom enough time had elapsed to enable them to reflect back on their treatment experiences. As a result, the team generated a list of 20 women who were program graduates, who had remained in residential treatment for at least 60 days, and for whom approximately one year had elapsed since their admission to treatment. This list was presented to Meta House's clinical management team to rule out any women for whom the interviews might be clinically challenging. With input from the clinical team and the evaluation staff member who was most familiar with residential clients, the list was narrowed down to six women. All six women were invited to participate in a paid, one-to-two hour individual interview regarding their perspectives on residential treatment. One woman was unable to be reached, and one did not attend her scheduled interview. As a result, four women completed an interview with an evaluation team member.

The women interviewed ranged in age from 28 to 42 (mean = 36). Half of the participants described themselves as Black/African American and half described themselves as White/Caucasian and non-Hispanic. Half of the women were homeless at admission to residential treatment and all were unemployed. All had a prior substance abuse treatment episode (some at Meta House, others elsewhere). Each of the women had most recently completed Meta House's residential treatment program, with lengths of stay that ranged from approximately three months to eight months (mean = 180 days).

All four women were pregnant at admission, and three of the four gave birth to their babies while in residential treatment. All three babies delivered were born free of alcohol and illegal substances, at or after 37 weeks of gestation, with healthy birth weights and Apgar scores. Three of the four women also had older children, most of whom were in some type of out-of-home care arrangement during their stay in residential treatment (one woman had an older child who resided in treatment with her).

Overall, each of the four women interviewed had a unique background and treatment journey. However, as a group they were reasonably similar demographically to the larger population of women served in Meta House's residential program.

## Appendix B: Interview Questions and Prompts

- 1. Some people think that having a residential stay is really important for recovery; others think that some people can get clean with just outpatient treatment. Looking back on it, was having the chance to be in residential treatment important for your own recovery? If yes ...**

In what ways was it important for you?

What was it about your particular situation that made residential the right type of treatment for you?

Was there anything that was particularly difficult about coming into residential treatment . or even getting into residential?

- 2. I'd also like to hear about what residential treatment meant for you and your children.**

*(If client had children in residential treatment with her ...)*

In what ways do you think having your children with you in residential was important?

How did having your children with you influence your own recovery?

How did it influence your relationship with your children?

[Prompts: Mom & Me, Nurturing Class, Filial Therapy, on-the-spot parenting info, etc.]

*(If client was pregnant while in residential treatment ...)*

In what ways did being in residential treatment support your pregnancy and/or the birth of your child?

[Prompts: Nurse Amy, arranging appointments, monitoring medical needs of baby, etc.]

- 3. When you think about your treatment, what were the three most important things for you about having lived in residential?**

[Prompts: important services, on-site services, regular schedule, RIPLE, etc.]

- 4. What would you never want to see changed about residential?**

In what ways was that aspect of residential important for your recovery?

- 5. If you could talk with people who fund substance abuse treatment for women, what would you tell them about why they should give money to specifically support residential treatment?**