Stresses, Strengths and Experiences of Mothers Engaged in Methadone Maintenance Treatment (MMT)

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Introduction

Pregnant and mothering women who are addicted experience complex and challenging lives (Jessup & Brindis, 2005). Illicit drug use during pregnancy is a growing public health issue across the world with reported rates of 5% in the U.S. (Madgula, Groshkova, & Mayet, 2011) and 8% in Australia (O'Donnell et al., 2009). Narcotic withdrawal rates among newborns of high risk mothers have been as high as 12% in Australia (Burns & Mattick, 2007) and 17% in Canada (Kelly et al., 2011). While methadone maintenance therapy (MMT) is the standard of care for narcotic addiction recovery and positive maternal and infant outcomes (Ordean, Kahan, Graves, Abrahams, & Boyajian, 2013; Ursula, Pritham, & Hayes, 2012), unfortunately, mothers are less likely to attend MMT.

Innovative approaches are needed to engage addicted mothers in MMT. Innovative approaches require greater understanding of how addiction affects maternal identity or the woman's overall evaluation of herself as a mother (Mercer, 2005), how well provides care for her children, and the quality of the mother-child relationship (Secco, Ateah, Woodgate & Moffatt, 2002).

Methods

The research team applied a mixed study design with qualitative and quantitative techniques to answer the research questions. Mothers' experiences were explored using face-to-face interviews and a semi-structured interview guide of open-ended questions designed to capture mothers' perspectives on parenting supports needed to promote long-term engagement in MMT. The research questions were:

(1) What are the stresses and strengths of mothers in MMT and
(2) How does addiction and MMT affect mothering and the mother-child relationship

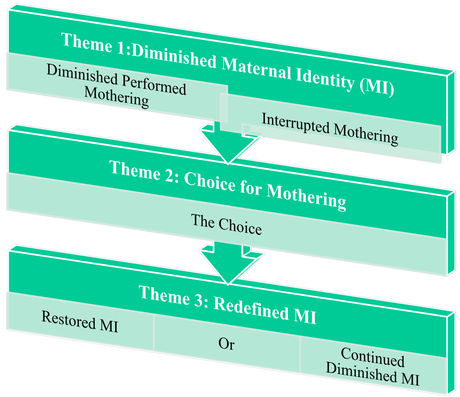
Qualitative Analysis

Using Eppi-Reviewer 4 (Thomas, Brunton, & Graziosi, 2010), verbatim transcripts, and a coding framework, themes, subthemes and patterns were identified to describe how addiction and MMT affected mothering.

Quantitative Scales

Variable	Instrument
Depression	Centre for Epidemiological Studies-Depression (CES-D; Radloff, 1977)
Family Stress & Difficulties	Difficult Life Circumstances (DLC; Barnard, 1989)
Family Functioning	General Family Functioning (GF) subscale of McMaster Family Assessment Device (Epstein, Baldwin, & Bishop, 1983)
Social Support	Social Provisions Scale (SP; (Cutrona & Russell, 1987)

Results



Quantitative: Strengths & Stresses

	N	Mean	SD	Range
Stresses				
CES-D	8	15	13.84	0 - 36
DLC	9	5.89	4.49	1-15
Strengths				
G F	9	1.76	.65	1- 2.67
SP total	9	78.22	10.60	64 - 93

Stresses

Depressive symptoms: The CES-D mean (15.0) was one point below the clinical cut-off suggestive of clinical depression. The ***depression rate*** was 50% (4/8) which is a higher rate than other samples of substance abusing mothers (Kuo et al., 2013; Ordean et al., 2013).

Mothers had high mean ***difficult life circumstances***, DLC = 5.89, which was close to the cut-off criterion (6) suggestive of maladaptive family outcomes (Johnson, Booth, & Barnard, 1989) and higher than mothers with postpartum depression (4.72) (Letourneau, Watson, Duffett-Leger, Hegadoren, & Tryphonopoulos, 2011).

Stengths

The study mothers had high mean ***General Family functioning*** (GF mean = 1.76) comparable to a large representative sample of healthy Canadian families (Byles et al., 1988).

Social support was relatively high social support (SP; M = 78.22).

Qualitative themes and subthemes

Theme 1: Diminished Maternal Identity

One mother noted how she would '…line up his clothes from Monday to Friday for school … and how she was 'so planned' with mothering activities'. (T01, p.6) → **Subtheme: Diminished performed mothering**

"Please come get [child's name]" You know, it broke my heart to do that but I told her, I said "Come and get him because I can't sit here and be sick and take care of him and I know what I have to do to not be sick."(T05, p. 3) → **Subtheme: Interrupted Mothering**

Theme 2: Choice for Mothering

"… didn't want to lose [my] kids or anything so that's why [I] got on the Methadone." (T08, p.2)

"… I am much happier [now] that I have my kids and that's why I quit, for my kids." (T07, p.1) → **Choice for children**

And they said, "Well, we're going to give you a choice. You're either going to go and get help and live with your mother or we're going to take [child's name] from you." So I said, "Well I'll go with my mom and get help.' (T05, p. 2) → **Role of others in the Choice**

Theme 3: Redefined Maternal Identity

"… I'm being more of a mom my patience is better, I'm not sick in bed, … I was always searching for that high when I was taking the medication … so it was a life of hell for him so now it's a life of leisure, happiness, you name it." (T01, pg. 5) → **Subtheme: Restored maternal identity**

"My daughter always yells and screams at me that I'm a drug addict, always. My daughter can't get over it; … and it's not true, … I'm an ex-drug addict or a recovery drug addict; I'm not a drug addict, not now, not any more (Crying)…" (T04, p. 5) → **Subtheme: Continued diminished maternal identity**

Conclusions

- Interventions and services are needed to support maternal identity through the MMT and recovery process.
- Mothers who suffer addiction suffer diminished maternal identity and need support to establishment or restore positive maternal identity and mother-child relationship.
- Early engagement in MMT with maternal identity support through the recovery process will help prevent lasting negative impact on maternal identity and the mother-child relationship.