2022

Success Among Incarcerated Mothers Seeking Treatment for Opioid Use Disorder

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SUCCESS AMONG INCARCERATED MOTHERS SEEKING TREATMENT FOR OPIOID USE DISORDER

by

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A thesis submitted in the partial fulfillment of the requirements
for the Honors Undergraduate Thesis program in Sociology
in the College of Sciences
and in the Burnett Honors College
at the University of Central Florida
Orlando, Florida

Spring 2022

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ABSTRACT

Opioid use disorder (OUD) is a type of substance use disorder characterized by repeated use of opioid drugs. These drugs are known to be rapidly addictive with severe withdrawal symptoms, making death due to overdose a rising concern. In this study, we took a closer look at a specific population of women, all of whom had children and were incarcerated for crimes related to opioid use. Our goal was to better understand the factors that would impact success among this group seeking medication-assisted treatment for OUD. We developed a set of questions focused on a variety of factors including stigma surrounding the disorder, influence of the disorder on parenting, approaches and barriers to treatment, and potential motivation for seeking treatment. We then virtually interviewed women participating in the Orange County Corrections Medication for Opioid Use Disorder Program, specifically in the Methadone Clinic, to better understand their experiences with OUD and methadone treatment. The goal of this study is to give better insight into existing treatment options in order to suggest revisions to current policies. By doing so, we hope to increase rates of recovery from OUD and to provide better future outcomes.

ACKNOWLEDGMENTS

I would foremost like to thank my Thesis Chair, Dr. Donley, for her guidance and mentorship throughout this experience. It is her support and encouragement that has allowed me to find inspiration in my research, as well as a passion for continuing to learn and grow. I would additionally like to thank Dr. Ford for his collaboration and insight into this project. I am incredibly grateful for their time and knowledge during this process, and I am humbled to have had the opportunity to work with them.

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INTRODUCTION

The opioid epidemic has swept the United States and continues to grow, with the number of deaths due to overdose steadily increasing. In 2019, there were 49,860 recorded deaths from opioid-involved overdose (*Overdose Death Rates*). The influence that this has on families is significant. In the United States alone, 7.5 million children live with someone who suffers from a substance use disorder (Chopra & Marasa, 2017). Many treatment options exist in hopes to combat this epidemic and diminish the negative effect that it can have on families.

This study focuses on the various elements that could influence success among incarcerated mothers seeking medication assisted treatment (MAT) for opioid use disorder (OUD). Current literature shows that relationships to children and the process of family reunification could play large roles in treatment outcomes for these mothers (Comiskey, 2013). In order to better understand potential motivating factors and the devised approach to OUD treatment, several components of OUD in mothers must be analyzed. These include different perceptions of OUD, the effect of OUD on parenting, approaches and barriers to treatment, and proposed reasons for adherence to treatment.

A Population at Risk

Individuals with history in the criminal legal system are a unique population who are more likely to face substance use disorders and subsequent overdose than those with no involvement. Incarcerated mothers with OUD, in particular, are faced with additional challenges within the criminal justice system, beginning with current legislation. Sentencing legislation such as mandatory sentencing and three-strikes laws are shown to disproportionately affect

populations who find difficulty in managing their substance use disorders. These public policy decisions have been influential in introducing those with the double stigma of mental illness and substance use, including OUD, into criminal justice populations. In fact, over half the population of individuals diagnosed with mental illness have also faced substance use problems at some point in their lives. Unfortunately, this double stigma group is more likely to be homeless upon release due to lack of social support and correctional oversight. This can further increase chances for future criminal activity as a survival strategy in the community, while inhibiting the likelihood of receiving proper treatment and adherence to treatment. Because of these factors, this dually diagnosed group is also less likely to receive opportunities in rehabilitation programs and therefore, less likely to recover from substance use disorder. In addition to these disadvantages, their added time during incarceration leaves them with a triple stigma upon return to the community (Hartwell, 2004).

Stigmatization

Mothers struggling with OUD may have lost custody of their children for various reasons. These could include circumstances surrounding living conditions, including poverty, life stress, or diminished social support. They could also include adverse experiences relating to OUD, leaving mothers unable to provide the physical and mental needs of their children (Wright et al., 2018). There are a number of factors that influence reunification of incarcerated mothers with OUD and their children. Substance use is one of the most common reasons for stigmatization (Emine, et al., 2018). This stigma can influence those that are making decisions in the reunification process. Typically, judges take advantage of data provided regarding the progression of treatment of OUD in order to make a decision about whether reunification will be

permitted. However, there is a lack of education surrounding the efficacy of medications for opioid use disorder (MOUD) (Andraka-Christou & Atkins, 2020). In 2016, the National Institute on Drug Abuse released research publications regarding the value of MOUD as an essential component of treatment for OUD. The medications that were studied were the U.S. Food and Drug Administration (FDA)-approved methadone, buprenorphine, and naltrexone (Rogers, 2020). Despite the scientific evidence supporting the effectiveness of MOUD as a treatment option, only one-third of dependency court staff considers MOUD to be more effective than non-pharmaceutical treatment. This often deters court staff from offering options for reunification for mothers undergoing MOUD treatment, especially when considering women with children face a greater stigma than men with children. In addition to this, the negative perception that is held regarding MOUD could even discourage one from considering this treatment option or decrease the chance that a defense attorney might recommend it, despite studies showing it is highly effective (Andraka-Christou & Atkins, 2020).

There is also the consideration of the difference in views held by child protection workers and parents recovering from OUD, particularly with regards to their concept of recovery. Child protection workers tend to focus on the chronic and relapsing nature of substance use disorder, with an emphasis on the negative history of the parents' illness. As a result, parents often feel that their capacity for change and improvement are not considered in the decision-making process (Scott et al., 2018). This conflict adds pressure to the relationship between the agencies of child protection and parents recovering from OUD and as a result, could ultimately dishearten treatment efforts from parents who have lost hope in reunification with their children.

OUD Influence on Parenting

Aside from difficulties in reobtaining custody of their children, mothers with OUD also face numerous concerns with respect to parenting and caring for their children in the midst of treatment. It is often seen that parents who have opioid use disorder struggle in offering a stable home environment for their children and providing the sensitive care that is often critical in child development (Wright et al., 2018). One of the most common themes seen in mothers with OUD is fear. Whether it be fear of losing custody of their child(ren), fear of intervention by child protective services, or fear of the conditions surrounding their child's health, parents often face serious psychosocial repercussions which can affect the well-being of their children (Grant et al., 2011). In fact, many parents have listed loss of child custody as the most significant negative consequence of their drug use and therefore their greatest motivator in desire for treatment (Chatterjee et al., 2018).

Finances can also be a concern with regards to childcare because funds could be redirected away from childcare costs to pay for opioids or treatment. Additionally, there is the added factor of financial struggles caused by lack of income as a result of the parents' drug-related criminal record. It is important to note, however, that in a 2018 study conducted using interviews with parents that were staying in family shelters while supporting dependent children, many parents with OUD felt they were able to provide for their children's physical needs but were unable to cater to their emotional needs. Physical needs could include anything from providing food to ensuring that children get to school, while emotional needs could range from spending time with children to encouraging reading and other activities which foster growth. The imbalance between the two can often lead parents to fear the passing on of OUD to their children

resulting from the limited access to emotional support their children receive from them (Chatterjee et al., 2018). When women with OUD receive assistance with treatment for OUD, mental health services, and social support, there is a large increase in life stability and success in caring for children. These factors typically help balance the various psychosocial factors that could be responsible for disrupted parenting (Grant et al., 2011).

The stress of parenting plays an influential role in mothers with OUD and how they address their illness. Parent-related stressors can differ depending on the history and progression of OUD treatment. The concerns of mothers prior to seeking OUD treatment actually differ from the concerns they face during treatment. Before the start of OUD treatment, mothers are often preoccupied with stressors regarding the parental role. This could include anything from child behavior to co-parenting responsibilities or even child separation. There is also the consideration of the disconnect between a mother and her child in understanding OUD and how it could affect parental presence. During OUD treatment, stressors can remain the same or change completely. New stressors that can arise include court orders for treatment, separation from family, loss of environmental control, changing mental health concerns, time commitments, or difficulty in accessing resources (Moreland, et al., 2020). These stressors can all negatively impact treatment outcomes in mothers as they can lead to relapse of OUD or transform into other dangerous coping mechanisms. They could even cause harm towards the child, both directly and indirectly.

Treatment Barriers

Mothers struggling with OUD are often inspired to seek out treatment in the hopes that they will be able to regain custody of their children. However, there are many obstacles that can arise in obtaining treatment, especially when the mother is already the primary caretaker of her

children. The primary concerns include childcare, transportation, living conditions, and child responsibility. One of the main challenges in accessing treatment options is the necessity for childcare during appointments and visits. If a mother cannot find affordable care for her children during scheduled treatment times, she may not be able follow through with her appointment. Another concern is the distance in treatment sites and family shelters, and the lack of available transportation. This is especially true when the only available public transportation requires walking long distances, which may not be feasible for families with young children. Even when a routine is established for transportation, there is no guarantee that housing circumstances will not change frequently causing the relocation of the family to a new environment. These factors are all influential in limiting treatment options for parents, even when treatment is desired and sought out (Chatterjee et al., 2018).

Access to limited resources can play a major role in difficulties surrounding treatment, but there is also the possibility of difficulties stemmed from the parents' fear of treatment consequences. Although evidence has shown that MOUD is extremely effective in managing OUD, there is the possibility of apprehension towards medication by parents for fear of harming their children unintentionally. There must be extra care taken on behalf of the parents to ensure that prescribed medications are not accidentally ingested by children. The possibility of making this mistake may deter parents from considering certain MOUD options. There is also the added stigma that arises from many healthcare professionals which causes many patients to feel that they will never earn the full trust of their care team. This negatively impacts their desire to obtain treatment because patients often feel defeated and that they will never be able to escape the view that others hold of them (Chatterjee et al., 2018). Overall, barriers to treatment are significant to

the course of OUD because they do not merely lead to occasional missed appointments. All the factors mentioned are possible reasons for discharge from treatment completely. This could severely negatively impact the outcomes of OUD, thereby influencing family outcomes as well.

Treatment Approaches

Treatment for OUD can be complicated with many elements effecting treatment outcomes. There is a push among many patients to improve some of the most widespread methods used today. With the opioid epidemic continuously heightening and relapse rates as high as 91% (Chopra & Marasa, 2017), there have been many studies centered on reform and the most beneficial strategies to incorporate for improved OUD treatment outcomes. One of the common issues seen is the growing rate of reincarceration due to OUD. In order to combat this cycle, there has been implementation of various programs throughout the country which provide treatment for OUD in connection with jails. Jails are well equipped to help released inmates obtain access to overdose-reversing drugs and to improve pain management techniques in inmates (Fiscella & Gibson, 2018). Research has even shown that starting medication assisted treatment (MAT) for those being treated for OUD in the criminal justice system reduces rate of reincarceration. Other benefits include overall decrease of opioid use, decrease in rates of overdose, and longer commitment to treatments (Rogers, 2020). As a result of these benefits, program costs have also decreased which is a significant finding considering the estimated $53 billion spent on opioid use disorder every year in the United States (Chopra & Marasa, 2017). The current systems that are in place in many jails are not beneficial to incarcerated mothers and do not aid in the progression of OUD treatment. In a sample taken from various jails and prisons across the United States, nearly one-third mandated that pregnant women undergo drug

withdrawal despite medical guidelines against this protocol. In addition to this, many women that were offered MOUD during pregnancy were taken off their medication after delivery (Sufrin et al., 2020). Such methods exemplify the system that is currently in place which prioritizes the fetus over the mother, rather than fostering a family-centered approach to treatment.

Following the growing rates of OUD in the United States, many patients have offered feedback regarding improvements in treatment options and the various flaws that exist in current methods. One such suggestion is a push towards family-centeredness, including better communication and respect as well as stronger personal connections between patients and providers (Short et al., 2021). It is likely that each family will have a different experience with OUD, and therefore require a unique treatment plan. Personal connections can also be beneficial in forming a support network which may alleviate the concerns of many mothers who are afraid to lose child custody over misinterpretation of their behavior (Short et al., 2021). In order to consider a family's unique history to devise a treatment plan, there are a number of factors that should be considered. Some of these include individual mental health issues that often accompany OUD and the availability of resources including child welfare in particular (Wright et al., 2018). The consideration of psychosocial conditions can provide insight for the various stressors that a mother with OUD may be facing and address a potential lack of social support which can worsen these concerns. Approaching treatment with a more individualized technique can also help to account for comorbid factors which can complicate care in each case (Chopra & Marasa, 2017).

One of the most common recommendations is the preference of parents recovering from OUD to form social networks. This discussion is mainly centered on the network that can be

formed by parents that are all seeking treatment for OUD. A majority of individuals supported group treatment in order to have better access and information with regards to parenting resources. In fact, there was overwhelming support for offering this type of service simultaneously with other substance use disorder treatment (Moreland et al., 2020). Besides parenting resources, another advantage of group therapy could be the ability of participants to relate to one another. Having a personal connection and history with OUD can provide better insight for understanding the thoughts and experiences of an individual overcoming OUD. As a result of these considerations, it is important to account for the effect of social connectedness when devising comprehensive treatment plans for parents seeking positive outcomes.

Motivation for Treatment

Motivation can play a large role in the desire for mothers with OUD to seek out and remain in treatment. There are a number of considerations that could influence a mother's decision, and more research is needed in the field to adapt treatment options to fit these considerations. The role that children play in a mother's life have been shown to influence treatment outcomes, however the overall result is still somewhat controversial. Studies focusing on this role have varied results. Some have proposed that the removal of children from a mother's custody could encourage the mother to seek out more permanent treatment options in hopes of regaining child custody. On the other hand, it is also possible that limited contact between mothers and their children could lead to a decrease in treatment participation. A possible explanation for this could be the substitution of child custody with increased substance use, in order to cope with the loss and its effects (Chopra & Marasa, 2017).

The case may not be the same, however, when considering the effect that pre-existing

responsibilities for a child can have in determining treatment outcomes. Having custody of a child has been shown to motivate mothers to decrease drug use and dependence (Welle-Strand et al., 2020). Studies even show that women that do not have the responsibility of childcare report higher rates of drug usage. There are several explanations for why this may be the case. It is possible that motivation can come from either or both internal and external factors. The inner desire that a mother may have to provide a better life for their children could been a possible motivating factor. There is also the possibility that the external factor of fear could cause a mother to seek treatment. This can especially be seen when considering the fear of child protective services and the consequences that could result from their interference of the relationship between a mother and her child (Welle-Strand et al., 2020). Often times, both internal and external motivations are present at the same time. When this is the case, there is a much higher success rate for OUD treatment. The coupling of both motivations is especially prominent and influential when the external motivations can be internalized. Studies show that stigma can play a significant role in this process. For example, the stigma that comes from many external sources, such as social pressure, can actually turn from public stigma into internalized stigma. As a result, the increase in stigma perception could actually lead to increased motivation in seeking treatment (Emine et al., 2018).

RESEARCH QUESTION

Reviewing the existing literature leads to many questions regarding the motivations and factors that influence treatment in incarcerated mothers with OUD. There is limited data in the effectiveness of MOUD programs affiliated with jails and even less literature on the influence of small group therapy in such a cohort. This leads to the question: what impacts success among incarcerated mothers seeking medication assisted treatment for opioid use disorder?

METHODS

The study relied on interviews with women fitting the study parameters. All participants had children and were receiving methadone for OUD treatment. The interviews were conducted via the virtual Orange County Florida Visitation Scheduling platform starting on November 9th, 2021 and concluding on March 7th, 2022. Staff from the Orange County Jail recruited eligible women and virtual video call visits were scheduled. The interview schedule consisted of twelve questions (See Appendix A). One question was devoted to experiences with OUD, three questions were related to perceptions of OUD, two questions focused on motivation for treatment, four questions were concerned with opinions on treatment and results, and two questions were dedicated towards parenting and the role of children. All parts of the study were reviewed and approved by the University of Central Florida Institutional Review Board.

The participants' responses were based on personal beliefs and experiences. Most of the participants were engaging and willing to talk about their situation. They seemed to give open and honest answers to all questions, even if certain topics were difficult for them to address. Some discussions became emotional, especially those centered around child custody. In all, the participants appeared to appreciate the opportunity to discuss their stories in hopes to help others facing similar circumstances.

Sample

The sample consisted of five incarcerated mothers who were undergoing treatment for OUD. On site employees selected participants that met criteria for interviews. All participants were provided with informed consent documents prior to agreeing and verbal consent was obtained prior to the start of the interview.

Data Collection

Participants were asked the set of twelve interview questions in order and responses were audio recorded. The audio was transcribed to generate data for qualitative analysis.

Data Analysis

Transcribed data from individual responses were analyzed to identify common themes in order for responses to be grouped categorically. These categories were further evaluated to determine any relationships. To honor the confidentiality of all participants in the study, each participant was given a pseudonym for anonymity.

RESULTS

The beginning of each interview was similar among almost all the participants. When asked to share their background experiences with OUD and where those experiences had led them today, four out of the five women described their first experience with opioids as a legal prescription they received from their health provider. One participant, Hannah, recounted that she was prescribed prescription painkillers at the age of fifteen and had been taking opioids from then on. She went on to point out that in hindsight, she should have never been given the option to receive opioids as her level of pain was not severe enough to warrant an opioid prescription. Two of the participants elaborated that they were prescribed opioids due to prior surgeries or procedures, but growing awareness for the opioid epidemic meant that they were immediately cut off without being tapered off their medications. They seemed to attribute this messy protocol to the reason they developed OUD and turned towards illegal drug use. In addition to the participants' similarities in the beginning stages of opioid use, four of the five women had also attempted to get sober multiple times throughout their journeys. They detailed undergoing multiple cycles of withdrawal, detox, and relapse leading them to where they are today – receiving methadone for OUD treatment while incarcerated.

Facing Stigma

As shown in previous studies and analyses, most people struggling with OUD agreed that there is a negative stigma surrounding OUD (Chatterjee et al., 2018). Most of the interviewed participants recognized this stigma, but also went further to describe how it affects more than just those with OUD. Hannah elaborated how the stigma surrounding opioid use has made it difficult for those who need strong painkillers to obtain them stating, "It affects everyone who's not on it;

it affects everyone who's on it". She spoke about her own mother and the older generation who are not given the option of certain prescriptions because of the severity of the opioid crisis and resulting mistrust in the healthcare field.

Another participant, Theresa, focused specifically on the disease aspect of OUD. She felt that in her experiences, people who had never experienced addiction and withdrawal think of those with OUD as "weak," saying "Most people don't realize that OUD is a sickness that disturbs your brain - it goes beyond willpower." She even compared withdrawal symptoms to the feeling of dying – a feeling that she felt was largely underestimated by those who have never gone through it. Ruth, a participant who touched on the same ideas as Theresa, took the discussion further to talk about how her son's life had been impacted by the stigma she had faced. She said of other parents, "They don't look at you like you're sick and need help, they look at you like you're dangerous or you're a loser." Ruth went on to speak of how that negative stigma affected more than just her, detailing how it had prevented her son from playing with other children because of their parents' hesitance and fear.

Some participants described the difficulty in getting rid of the negative stigma that surrounds them. Isabel spoke of her encounters with law enforcement and Child Protective Services, where she felt her history of opioid use caused them to believe she was still using drugs when she was not. She described her long and difficult journey through detoxification and sobriety which allowed her to be reunified with her children. Shortly after, however, her children were taken away by Child Protective Services on the basis that she was using drugs, even though she claimed she was not. Unfortunately, Isabel talked about this experience as the point in which she felt like she could never win. She relapsed shortly after the incident claiming that there was

no point in trying to be better if no one would believe her and trust her with her children.

Disordered Parenting

All of the participants noted some type of fear with regards to parenting. As shown in previous literature, many of these mothers faced serious anxiety and concern over their children's well-being because of their shortcomings with parenting (Grant et al., 2011). Most of the women stated that they tried hiding their drug use from their children but were not able to do so successfully. Hannah feared that exposing her children to her opioid use would increase the likelihood that they also develop substance use disorders. She explained that her first child was born while she was taking heroin and her second was born while she was on methadone, further causing her to worry about them being exposed to these drugs.

Three out of the five mothers described specific ways in which having OUD hindered them from their responsibilities as parents. These mainly included being not being available to their kids, lack of quality time, and difficulty in getting them ready for school or other activities. Theresa described how her top priority was never being under the influence of opioids in front of her children, but this was not without drawbacks. Because she chose not to bring opioids in front of her children, she was physically sick around them as she faced withdrawal symptoms. Another participant, Mary, talked about how she struggled with getting out of bed to make sure her daughter got on the school bus on time. As such, many of the participants found difficulty in managing OUD and parenting, leading to all losing custody of their children. Even in cases where the children were passed to a family member such as in Isabel's case, there was hesitancy in allowing Isabel to regain custody of her children. She explained that it took her a long time to gain her mother's trust in being alone with her twins after losing custody of them when they

were only two years old.

Some of the mothers also faced the concern that their opioid use would set a bad example for their children. Ruth worried about the decisions she had made while under the influence of opioids and how those actions could have affected her son. From knocking down entire display cases in the mall to not being able to stand up in public, she recognized the pain that she had caused her older stepdaughter and feared the same for her younger son. In reference to hurting her loved ones she said, "You don't mean to do it to those around you, but it's part of the sickness. I've already lost the trust of my stepdaughter, but I'm hoping I caught it early enough that I don't lose my son too." Ruth also talked about fearing the unknown – notably not knowing how exactly her son would be affected by her and what kinds of resources she would be able to provide to help him. In all, she was regretful that she could not be the role model she wanted to be for her son. She implied that she hated feeling like a hypocrite but found inspiration in changing herself for the sake of her family as she added, "I've made my son sick. I've made my son's father sick. He has contributed so much to my addiction in the name of loving me. I guess I have to be the first one to say no more."

Treatment

To assess OUD treatment options available and address any difficulties in accessing treatment, participants were asked about their personal experiences with treatment along with any suggestions they felt would have helped them along their journey of recovery. When discussing treatment availability, four of the five women agreed that it was difficult to find treatment options and when they did, the only option they found to be available to them was methadone. Perhaps the most interesting finding was that all the women interviewed mentioned

that they did not see their treatment with methadone as being the best solution. One of the reasons for this was that many saw methadone as a short-term treatment. By stating, “It is easy to get clean, but hard to stay clean,” Hannah implied that the best treatment for OUD lies deeper than a medication. She spoke of the importance of having someone to keep you accountable and being connected with one’s own spirituality as a means to end opioid use. Theresa was another participant who talked about her past experiences leading her down the wrong path. She hoped that she would have the opportunity to attend therapy, as she felt this would help her deal with her past and address her current opioid use. Mary also talked about her hesitancy in starting methadone but feeling like it was the only option available to her at various rehabilitation centers. She recalled from her own experiences that although methadone allowed her to be functional and kept her from going back to opioids, it seemed like a replacement rather than a solution.

A majority of the women agreed that the current systems in place for those with OUD are not the most beneficial for treatment and recovery. Although Ruth described incarceration as a “reality check,” she also shared her desire for more help with treatment to be available as she did not see jail as a long-term solution. In fact, Ruth had described her experience with the Baker Act process in which she was required to detox for five days before she was released. She wished then that she would have been provided with more resources to get help with OUD stating, “five days is not enough to treat an opioid addict.” Even if Ruth had been given better treatment options, her next concern was being able to afford such treatment without health insurance. Isabel had a similar view of incarceration, stating that she actually learned how to inject certain drugs from her time in jail. Any help she received she had to find on her own, but she never felt

supported or adequately prepared with the proper resources to do so.

Motivation

When asked about the participants' motivation for seeking out and continuing treatment, two main responses were prevalent, with four of the five women reporting both. The first being that a majority of women wanted to seek out treatment in order to provide a better life for their children. The second overwhelming response was that they wanted to recover for themselves and become the person they used to be before opioid use.

Besides not going back to jail, Ruth described her reason for continuing treatment as a way to fulfill certain promises that she made to her son and herself stating, "I have a business, home, and a car so it [opioid drug use] is just beneath me." Adding a comment on her relationship with her son, she recalled her last day before incarceration saying, "I put my hand up on the truck window as my son was leaving with his father for school and just the look in his eyes when he looked at my arms that were swollen and scabbed - I just don't want him to look at me like that anymore." Theresa also commented on her children by adding that she had seen an improvement in her relationship with them since starting treatment. Seeing that encouraged her to want to continue treatment and further reconnect with her children.

Hannah spoke about her children being her greatest motivation for seeking out treatment, but actually attributed her desire to stay in treatment on her own personal growth – a differentiation that was unique among the responses. On the other hand, Theresa detailed the connection between the two aspects. She stated that OUD changed her as a person, which in turn, changed her relationship with her children and family. Because the two are so closely related, Theresa's inspiration was personal but also translated to her relationships with loved ones.

DISCUSSION

Previous research has shown the impact that the hope of family reunification can have on mothers seeking treatment for OUD. We have also seen that in cases of child custody, the majority of dependency court staff does not consider MOUD to be the most effective treatment option. Considering this, court staff is often not likely to offer child reunification as an option to mothers undergoing MOUD treatment (Andraka-Christou & Atkins, 2020). However, as stated by most of the women in the study, methadone treatment was one of the only options available to them when seeking a treatment plan. Although the hope of regaining child custody is one of the greatest motivating factors in these women, there must be the understanding that reuniting with their children is a possibility if they are adhering to treatment and recovering. Providing educational resources to dependency court staff regarding the efficacy of various treatment options for OUD may improve the chances of these women reuniting with their children, given that they are participating in an effective treatment plan. The trust between law enforcement and parents along with mitigation of certain negative stigmas and false assumptions could help improve rates of recovery in mothers with OUD.

The desire to seek treatment for OUD is extremely important, but there are many factors outside of this that could influence success among those who are motivated. Among responses concerning barriers to treatment, participants mentioned transportation and affordability as issues they had encountered which made it difficult to commit to treatment once started. These factors are an opportunity for revising existing policies in order to increase chances of recovery in individuals with OUD. Another added factor seen previously is the feeling of not being able to earn the trust of a care team or being able to escape the negative stigma associated with OUD

(Chatterjee et al., 2018). One of the participants talked about this quite extensively, stating that not being able to gain the trust of law enforcement and dependency court staff led her to feel defeated in her journey to recovery and ended up being the contributing factor to her relapse.

When considering the difficulties in parenting caused by OUD, studies highlight the difference between physical needs and emotional needs. Physical needs of children are often met more easily especially when parents have other support systems. Emotional needs, on the other hand, are much more difficult and demanding. The inability to meet their children's emotional needs is often the source of worry for many mothers who fear their children will turn to substance use (Chatterjee et al., 2018). Much of the discussion with participants regarding parenting were centered around emotional trauma. Rather than just a fear of passing on OUD to their children, many of the women talked about the strain in relationships they had experienced as a result of their inability to provide emotional support to their children. This is an important consideration for motivation to seek treatment because instead of focusing solely on regaining custody of their children, these mothers were hopeful that they could foster a better relationship with their children.

In order to consider the various factors that motivated mothers to seek treatment as seen in the study, there must also be a discussion surrounding personal desire and internal motivation. As explored by multiple participants, the hope to return to the person they were prior to opioid use was one of the greatest motivating factors for these women to endure the detoxification process. However, even though this drive is internal, many of the women mentioned the need to have someone keeping them accountable throughout the process. One of the ways in which this could be available to them is through group therapy. As one of the participants described the

difficulty in withdrawal and detoxification, she added that people who have never experienced substance use disorders would simply never understand the process and its difficulty. Providing these women with a group that can support each other and relate to each other would likely be beneficial for giving them a sense of accountability.

In all, OUD is not straightforward in nature, meaning that its treatment is more complicated than most current policies imply. OUD can be accompanied by a number of psychosocial conditions and comorbidities which are not often addressed in treatment options available to most (Chopra & Marasa, 2017). One of the study participants discussed past trauma as a potential source of her opioid use disorder and another admitted to struggles with anxiety and mental health. Although both of these women are likely to have benefited from therapy and mental health counseling, neither were given the option or resources to do so. These experiences shine light on the possibility that MOUD alone is not the best solution. Each individual's history and journey with OUD is different so repeating the same treatment for everyone is not likely to be successful. There are a number of treatments that could supplement MOUD which would focus more on the source of opioid use disorder and its root cause, thereby decreasing overall relapse rates and increasing chances of treatment adherence.

LIMITATIONS

Above all other considerations, it is important to note that the sample size for this study was relatively small at five participants. Although a larger sample was expected, there was difficulty in obtaining interest for interviews likely due to the nature of the topics discussed and the vulnerability of the incarcerated population. Additionally, the population of interest itself was relatively small considering that the study was specifically concerned with incarcerated mothers with OUD seeking medication assisted treatment. However, given that this study was a qualitative analysis, there were many in-depth and insightful discussions which highlighted the appearance of common themes among the participants. These contribute to the existing research at large and provide a great basis for beneficial changes in policy and further studies to come.

APPENDIX A: INTERVIEW QUESTIONS

APPENDIX A

Interview Questions

1. Tell me a little about your experiences with OUD and where these experiences have led you today.

2. How do you think people perceive OUD?
    a. Have you had any experiences in particular which stand out?

3. Do you think there is a stigma surrounding OUD?

4. What made you want to seek out treatment?

5. What do you consider your greatest motivation for staying in treatment?

6. Have you had any difficulties in accessing treatment?

7. Have you found any types of treatment to be more effective than others?
    a. Is there anything that you feel would be beneficial to implement in OUD treatment plans?

8. Have you found treatment to be improving other aspects of your life?

9. What kinds of obstacles have you had to face when it comes to parenting?

10. What kind of influence has your child(ren) had on your journey with OUD and recovery?

APPENDIX B: IRB APPROVAL

APPENDIX B

UNIVERSITY OF CENTRAL FLORIDA

Institutional Review Board
FWA00000351 IRB00001138,
IRB00012110
Office of Research
12201 Research Parkway
Orlando, FL 32826-3246

APPROVAL

October 15, 2021 Dear

Amy Donley:

On 10/15/2021, the IRB reviewed the following submission:

Type of Review:	Initial Study
Title:	Success Among Incarcerated Mothers Seeking Treatment for Opioid Use Disorder
Investigator:	Amy Donley
IRB ID:	STUDY00003448
Funding:	None
Grant ID:	None
IND, IDE, or HDE:	None
Documents Reviewed:	• Interview Schedule.docx, Category: Interview / Focus Questions; • IRB Donley 3448 HRP-502 - TEMPLATE - Consent Document (1).pdf, Category: Consent Form; • IRB Donley 3448 HRP-503-TEMPLATE-Protocol.docx, Category: IRB Protocol; • UCF Research Project - Interviews with Women.pdf, Category: Letters of Support;

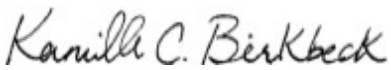
The IRB approved the protocol on 10/15/2021.

In conducting this protocol, you are required to follow the requirements listed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within the IRB system. Guidance on submitting Modifications and a Continuing Review or Administrative Check-in are detailed in the manual. When you have completed your research, please submit a Study Closure request so that IRB records will be accurate.

If you have any questions, please contact the UCF IRB at 407-823-2901 or

irb@ucf.edu. Please include your project title and IRB number in all correspondence with this office.

Sincerely,



Kamille Birkbeck
Designated Reviewer

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