A ROOM WITH A VIEW: EXPERIENCES OF MOMS OFF METH USING HEURISTIC INQUIRY

Joey Gude

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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APPROVED BY:

_on file_____

John C. Thomas, PhD, PhD, Chair date

_ on file_____

Lisa Sosin, Ph.D., Member date

_ on file_____

David E. Jenkins, Psy.D., Member date

ABSTRACT

Methamphetamine related consequences continue to darken many families and communities. Multiple service provider types are often overburdened in dealing with the reality of methamphetamine misuse (Brownstein et al., 2012). This research explored the impact of the methamphetamine epidemic with a specific focus on mothers with methamphetamine addiction. Mothers present with a myriad of challenges, and inadequate contextual information exists to address these challenges (Alexander et al., 2018; Bathish et al., 2017; Cunningham & Finlay, 2013). This qualitative heuristic inquiry sought to illuminate experiences of methamphetamine addiction in mothers. The qualitative research questions sought to give a voice to the lived experiences of methamphetamine addiction, child welfare involvement, Moms off Meth group participation, and recovery. Participant interviews, as well as archival survey data, provided voluminous data for individual, composite, and exemplary depictions for thematic findings. This study can benefit the counseling and counselor supervision/teaching field with an increased understanding of methamphetamine addiction/recovery in child welfare involved mothers. The findings give insight into the complex dynamics of this phenomenon, as experienced by the Moms off Meth members, and reveals the common experiences related to empowerment/disempowerment, escape, self-medication, co-occurring disorders, domestic violence, and shame. Application of the findings highlight opportunities for providing supportive elements from the Moms off Meth group member experiences to provide child welfare involved mothers who misuse substances the opportunity for safety, accountability, advocacy, and empowerment.

Keywords: methamphetamine addiction, heuristic inquiry, child welfare, empowerment, recovery, co-occurring disorders, shame, disempowerment, mothers

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Dedication

First, I dedicate this to all the Moms off Meth; past, present, and future that teach other mothers to believe in themselves. My intention was to give voice to your stories. I hope that I showed your strength, courage, and resilience that far too often is overlooked in the stigma of addiction. This is also for a few other cherished Moms off Meth that I miss dearly, whose smiles could fill a room, and memories always fill my heart.

Second, I dedicate this to my mom, dad, and sister. Thank you for persevering with me through the preoccupation and multiple occasions that you cooked, washed dishes, and watched the dogs. Your voices and prodding to get done are part of what kept me going.

Most importantly, this is dedicated to my children Hayley, Hayden, and Holden. Many times, the rollercoaster of life has been horrifying, and yet you remain. I am eternally grateful for your big hearts, forgiveness, and love. The sacrifices you have all made while I have been in school are far too many. As always, you are the wind beneath my wings, the motivation to help me change, and the best gift ever.

Acknowledgment

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I also want to give thanks to all my cheerleaders over all these years. Additionally, I would like to give thanks to my mom, dad, sister, friends, colleagues, professors, clergy, and recovery buddies. Lastly, I must acknowledge the gratitude that I have for Toby Mac, without your music lifting my spirits I would not have been able to finish.

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List of Abbreviations

Attention deficit hyperactivity disorder (ADHD)

Connectedness, hope/optimism, identity, meaning, and empowerment personal model of recovery (CHIME)

Drug Enforcement Agency (DEA)

Department of Human Services (DHS)

Iowa Department of Public Safety (IDPS)

Office of National Drug Control Policy (ONDCP)

Posttraumatic stress disorder (PTSD)

Substance Abuse and Mental Health Services Administration (SAMSHA)

Socioeconomic status (SES)

United Nations office of Drug Control (UNODC)

World Health Organization (WHO)

CHAPTER ONE: INTRODUCTION

Mothers who use methamphetamine are often villainized in public domains as motherhood is considered a sacred role in society (Couvrette et al., 2016; Haight et al., 2009). The behavior of the "good mother" is often stereotyped as respectability, discipline, and sacrifice (Bachman et al., 2016; Nuttbrock & Freudiger, 1991). As a result of a mother's high regard, mothers with substance use disorders are often a targeted group for treatment intervention by professionals; an estimated 3.4 million mothers in the United States have substance use disorders (Bachman et al., 2016; Center for Substance Abuse Treatment [CSAT], 2009. A spectrum of services exists to help mothers overcome their addiction, from formal treatment to recovery supports. One such solution in the state of Iowa is the Moms off Meth group. Exploring their experiences may increase understanding, decrease stigma, offer suggestions to enhance treatment/recovery efforts, and improve child welfare outcomes (McGinty et al., 2015). Unfortunately, no known research exists about this group.

Background and Context

Methamphetamine use is often reported as being of epidemic proportions (Chomchai & Chomchai, 2015; Rasmussen, 2008). The battle to interrupt the impact of methamphetamine use is one waged by those in numerous occupations. Law enforcement, legislators, counselors, social workers, treatment centers, recovery groups, journalists, faith communities, and public health officials continually strive to reduce the negative impact of methamphetamine. This discussion provides an overview of methamphetamine use starting with the extent of use globally, nationally, and regionally. Further discussion aims to offer perspective and entails a brief contextual overview of the history and negative consequences of methamphetamine.

Extent of Use

According to the World Health Organization (WHO; 2018), illicit drug use creates social and health problems globally. There are approximately 155 to 250 million people ages 15-64 who use illicit drugs (United Nations Office on Drugs and Crime [UNODC], 2017). The second most used illicit drugs are psychostimulants, which encompasses 24-37 million people worldwide (UNODC, 2017; WHO, 2018). Psychostimulants include amphetamines, methamphetamines, methcathinone, fenetyilline, ephedrine, pseudoephedrine, methylphenidate, and MDMA/ecstasy (WHO, 2018). The most popular amphetamine type stimulant is methamphetamine (UNODC, 2016).

Across the globe, there has been an increase in methamphetamine production, distribution, and purity (WHO, 2018). This has assisted with methamphetamine becoming a part of mainstream culture in various countries. Its prevalence is evidenced by the accounts for the most drug seizures worldwide, even surpassing the status of heroin (UNODC, 2016; UNODC, 2017). Mexico, the United States, China, and Thailand top the list for methamphetamine seizures (Chomchai & Chomchai, 2015). Methamphetamine seizures are often indicators of the extent of the problem (United States Drug Enforcement Agency [DEA], 2017). According to the DEA (2017), 45% of the 2017 national drug threat assessment agencies affirmed that methamphetamine is readily available. The increasing presence of methamphetamine use has resulted in it being labeled an epidemic in many countries, such as the United States (Gonzales et al., 2010; Rasmussen, 2008).

The use of epidemic, in this discussion, is done in full awareness of a different perspective. It is noted and beyond the scope of this paper to satisfactorily debate the "methamphetamine imaginary" that society has constructed and blown the methamphetamine

problem out of proportion (Armstrong & Armstrong, 2013; Copes, 2016 Linnemann & Kurtz, 2014; Revier, 2017). This opposing view often attempts to provide a larger structural view of labeling the global drug war, rural poverty, and capital inequality as the real culprits (Armstrong & Armstrong, 2013; Revier, 2017). This view lists the narrative of methamphetamine use as labeling users as villains and others as victims (Revier, 2017). However, these concepts do not negate the reality of the suffering that methamphetamine has on individuals, families, and communities, and is why describing methamphetamine use as an epidemic is utilized throughout this discussion (Courtney & Ray, 2014; Haight, 2008; Vearrier et al., 2012; WHO, 2018).

Historical Overview

How did methamphetamine use become an epidemic? This brief historical exploration can help elucidate. In the 1960s, amphetamines were prescribed to help alleviate depression and decrease appetite (Chomchai & Chomchai, 2015; Rasmussen, 2008). Pharmaceutical companies have been accused of starting the first epidemic and creating a generation of stimulant users (Rasmussen, 2008). In the 1970s, public policy began to control the use of amphetamines in prescription form due to its abuse, making it a schedule II drug. By the 1970s, people could not obtain prescriptions, which dropped sales as much as 60% in the first year after the legal restrictions (Rasmussen, 2008).

This restriction gave way to the illegal manufacture of methamphetamine, which Rasmussen (2008) cites as the cause of the second epidemic. Growth in the illegal manufacturing of methamphetamine coincided with a massive upswing in treatment admissions for methamphetamine addiction (Armstrong, 2013; Rasmussen, 2008). Admissions doubled from 1983 to 1988, doubled again from 1988 to 1992, and then quintupled from 1992 to 2002

(Rasmussen, 2008). In the early 2000s, there was a surge in production at clandestine labs increasing availability and use (Chomchai & Chomchai, 2015; DEA, 2018).

From 1990s to 2005, methamphetamine flourished in major cities in California and began to infiltrate the Midwest and South (Brownstein et al., 2012; Weisheit & Fuller, 2004). Missouri has deep roots in the history of increasing the methamphetamine epidemic and contributing to it being labeled a rural problem (Brownstein et al., 2012; Pine, 2019). Struggling rural communities were hit especially hard, as they were well suited for the clandestine labs. Empty farmhouses were a perfect way to hide the obnoxious smell and flourished as methamphetamine labs (Pine, 2019).

As with many states in the Midwest, Iowa was especially burdened by the methamphetamine epidemic; the criminal justice system, substance use treatment, and the child welfare systems were overwhelmed (Iowa Department of Public Safety [IDPS], 2017). When labs were raided, children were often present (Haight, 2008; IDPS, 2017). Child protection also reported a drastic increase in the number of children testing positive for methamphetamine and poor reunification rates in families struggling with methamphetamine addiction (Haight, 2008; Iowa Department of Public Health, 2016).

Across the state, professionals were desperate to find solutions. The stigma and difficulty of methamphetamine addiction is frequently cited in the literature (Copes, 2016; Haight, 2008). One special taskforce in Southern Iowa decided to try a support group, Moms off Meth (National Advocates of Pregnant Women, 2008). The women who founded it were in recovery and worked as professionals helping other women. This group proved to be very successful and grew to include hundreds of women in the state of Iowa (Murphy, 2009).

Other groups, such as Drug Endangered Children (DEC), helped to partner professional groups in communities to assist in helping children impacted by methamphetamine (National Advocates of Pregnant Women [NAPW], 2008). A compassionate response was created to ease the trauma that children witnessed as parents were arrested. The limited information that was known at that time portrayed a dismal view for the possibility of methamphetamine recovery. Stories from the Moms off Meth group members helped change that perception (NAPW, 2008).

In 2004, there were 23,829 labs seized in the United States (DEA, 2014). Prevention and intervention efforts were not enough. Once again, critical legal restrictions would create a major impact on this epidemic. In 2005, the Combat Methamphetamine Epidemic Act (CMEA) was passed to restrict over-the-counter products used in the manufacture of methamphetamine (IDPS, 2017). Also, Iowa was the first of many states to assist in combating the epidemic by changing one chemical in anhydrous ammonia leaving it useless in methamphetamine production (IDPS, 2017). These efforts were very successful in reducing the number of clandestine labs (DEA, 2014).

Methamphetamine use seemed to decrease by multiple indicators. The monthly rate for meth labs in Iowa went from 125 in 2004 to 22 in 2008, an 84% reduction (Office of National Drug Control Policy [ONDCP], 2010). Children testing positive for drugs in their system showed a 63% reduction until 2008 (ONDCP, 2010; Iowa Governor's Office of Drug Control Policy, 2016). Despite the continual decrease of clandestine labs, methamphetamine remained in high demand (DEA, 2014); the perfect landscape for a new supplier, Mexico.

The latent consequence of the legislative changes resulted in Mexican cartels increasing methamphetamine production in Mexico around 2009 (Chomchai & Chomchai, 2015; ONDCP, 2010). By 2016, the Mexican drug cartels had been cited as being the largest producers of

methamphetamine (DEA, 2018; ONDCP, 2016). The methamphetamine that pours over the border is cheaper and more potent than ever before; by 2018 there was a 40% reduction in price and purity as high as 93% (Chomchai & Chomchai, 2015; DEA, 2018; ONDCP, 2016).

Once again, political leaders proclaim an epidemic related to methamphetamine use in America (Chomchai & Chomchai, 2015). The current epidemic and upswing in use is taking a second stage to the current opioid overdose crisis. Methamphetamine overdose deaths are also increasing in the backdrop of the current Heroin crises (Chomchai & Chomchai, 2015). Substance Abuse and Mental Health Services Administration [SAMSHA] (2017) reports that the percentage of methamphetamine users has risen from 3% to 4% while the opioid use rose from 1% to 2% (SAMSHA, 2017). Methamphetamine use in Iowa reports as the second highest used illicit drug with an estimated 7% of Iowans being methamphetamine users (Iowa Governor's Office of Drug Control Policy, 2016).

Newspaper articles and radio announcements are common sources in Iowa to hear about the latest methamphetamine concerns. In 2012, there were less than 50,000 arrests for methamphetamine and a drastic change in 2017 with 106,600 arrests (Rood, 2017). There were also reported methamphetamine seizures that increased from 42 pounds in 2015 to 105 pounds in 2016 (Rood, 2017). Children testing positive for illicit drugs in their system rose from approximately 1,100 in 2015 to 1,500 in 2016 (Rood, 2017). Iowa is a state still being damaged by methamphetamine.

Another gauge for the prevalence of methamphetamine use is treatment admission rates, which continue to soar. According to South Dakota Social Services (2017), the national average for meth addiction was 53 per 100,000 people in 2014, while in Iowa, it was 233 per 100,000

people. In the US, the normal rate of methamphetamine treatment admission is 6.6%, whereas for Iowa, it constitutes 26% (Iowa Governor's Office of Drug Control Policy, 2016).

The methamphetamine epidemic like other epidemics creates lasting harm; understanding the impact of an illicit drug will be inadequate if one does not consider a holistic view of how contextual factors interact. The biological, social, and psychological consequences have overwhelmed communities, families, and individuals (Chomchai & Chomchai, 2015; Courtney & Ray 2014; Singer, 2016). National statistics indicate that methamphetamine death rates doubled in 2010. Then from 2014 to 2015 they went from 3700 to 4300, another 30% increase. A 2009 estimate, from the Rand corporation, identified methamphetamine use and its burden of cost to society at 24 billion dollars related to a loss of worker production, incarceration, increased mortality rates, family disruption, drug endangered children, and decreased mental well-being (Cunningham & Finlay, 2013; Hser et al., 2012; Linnemann & Kurtz, 2014; Nicosia et al., 2009; Steinberg et al., 2009).

Consequences: Communities, Families, and Individuals

Methamphetamine related consequences continue to darken many communities in the Midwest. Ill prepared law enforcement agencies did the best they could as they adjusted to a new normal. The reality for rural living changed as small communities adjusted to big city problems with increased crime rates and violence (Brownstein et al., 2012). Communities with high rates of methamphetamine are more likely to be communities with low economic stability (Hayes-Smith & Whaley, 2009). Rural communities have higher poverty rates and fewer economic resources to battle the negative effects of methamphetamine use (Brownstein et al., 2012; Hayes-Smith & Whaley, 2009). Methamphetamine markets acclimate to the environment and, therefore, have a very contextualized impact (Brownstein et al., 2012). Regardless of the size of the

community, the criminal justice systems, social service systems, treatment providers, mental health providers, emergency rooms, and medical providers are often overburdened in dealing with the reality of methamphetamine use (Brownstein et al., 2012).

The methamphetamine epidemic also wounds families. Family related concerns from methamphetamine use include multiple forms of abuse (physical, emotional, and sexual), neglect, child welfare involvement, reunification, separation, divorce, unemployment, criminal justice involvement, and drug-exposed children (Carlson et al., 2012; Haight, 2008; Sheridan, 2014). Also, individuals who use methamphetamine have often witnessed or experienced family violence and parental substance abuse (Sheridan, 2014). Socialization towards antisocial and drug normalizing behaviors are present in families with methamphetamine as well as multi-generational addictions. Methamphetamine use in the home has been connected to higher out-of-home placement and foster care (Carlson et al., 2012; Sheridan, 2014). Family income and opportunity are other important variables mediating methamphetamine use, often directly connected to their community characteristics (Armstrong & Armstrong, 2013; Haight, 2008; Sheridan, 2014).

There are multiple consequences of methamphetamine use in individuals, such as premature death, cognitive difficulties, co-occurring disorders, paranoia, HIV, insomnia, suicide, and loss of relationships (Darke et al., 2008). Negative outcomes often include depression, anxiety, and psychosis (Darke et al., 2008; Kittirattanapaiboon et al., 2017). The highly addictive nature and severe stigma of methamphetamine use hinders individuals from quitting or getting help. The brain's dopamine system is hijacked resulting in the all-too-common experience of anhedonia (Alexander et al., 2018). Individuals are often overwhelmed by the psychological,

environmental, and behavioral factors of withdrawal, leading to multiple relapses and aborted treatment efforts (Alexander et al., 2018; Cunningham & Finlay; 2013; Hser et al., 2012).

This discussion is an overview and expanded on in chapter two. It has explored methamphetamine use globally, nationally, and regionally, as well as provided information on how the production, purity, and price of methamphetamine have once again increased its availability. Background information is an important part of the current reality of methamphetamine use; it is a complex problem and understanding context aids in understanding a phenomenon (Silverman, 2016). Consequences of the methamphetamine epidemic have been explored to establish a background to the negative impact of its use. The topic of focus shaping this exploration now shifts to the epidemic of methamphetamine use in mothers.

Problem Statement

Numerous researchers have explored the complexities of methamphetamine use in mothers. The problem is that the methamphetamine use in mothers continues to increase, mothers present with a myriad of challenges, and inadequate contextual information exists to address these challenges (Alexander et al., 2018; Bathish et al., 2017; Cunningham & Finlay, 2013; Vandermause, 2012). Mothers who use methamphetamine often exhibit higher rates of addiction severity, younger children, multiple victimizations, lower education levels, co-occurring disorders, trauma histories, underemployment, criminal records, lack of transportation, child welfare involvement, and severe stigma **(**Carbone-Lopez et al., 2012; Cunningham & Finlay, 2013; Edwards et al., 2017; Singer, 2016). These challenges can impede recovery efforts (Cunningham & Finlay, 2013; White, 2010).

The research literature is still lacking in areas that could provide beneficial prevention and treatment development. Few studies on the patterns, onset, imitation, initial access, relapse,

or recovery factors exist (Alexander et al., 2018; Cunningham and Finlay, 2013; Vandermause, 2012). Recovery barriers have been reported as being related to social and personal factors, such as stress, relationships, friendships, and stigma (Alexander et al., 2018; Bathish et al., 2017; Brecht & Herbeck, 2014).

Numerous pleas have called for an expansion of research on methamphetamine use in women and mothers to increase the quality of treatment services, as most of what is known has been constructed from research using male samples (Covington, 2000; Haug et al., 2014). Gender differences exist in methamphetamine use disorders; female use rates can be equal to or higher than males. Motivation for use is also different for females, as they use methamphetamine to help perform gender role obligations and lose weight (Haight 2008; Haug et al., 2014). Female users also have higher rates of emotional concerns such as depression, trauma, and anxiety (Haight, 2008; Hser et al., 2012; Sheridan, 2014).

Multiple researchers have entreated for further research in areas related to social identity outside of the treatment setting, such as sustained recovery, trauma, peer supports, quality of life indicators, and recovery capital (Alexander et al., 2018; Bathish et al., 2017; Beales & Wilson, 2015; Carbone-Lopez et al., 2012). Also, mother-specific research has been requested to help investigate holistic services for women due to the accumulating reports of relationships with interpersonal violence, and co-occurring disorders (Kittirattanapaiboon et al., 2017).

Purpose of the Study

To illuminate and expand existing research, the purpose of this study is to reveal the lived experiences of the Moms off Meth group members as it relates to their experience of addiction, child welfare, recovery, and their Moms off Meth group membership. Giving these women a voice will increase understanding of their complex experiences and address gaps in the existing

research literature. Benefits to the counseling and counselor supervision/teaching field include increased understanding of methamphetamine addiction in mothers, client needs, recovery efforts, advocacy opportunities, and increased supervision knowledge. The methodology for this study is a heuristic inquiry utilizing in-depth interviews.

Research Questions

1. What were the experiences of methamphetamine addiction for the Moms off Meth group members?
2. What were the experiences of being involved with child welfare for the Moms off Meth group?
3. What were the experiences of recovery for the Moms off Meth group members?
4. What were the experiences of being a Moms off Meth group member?

Rationale and Significance

The accepted model of addiction, supported by the National Institute of Health and the National Institute of Drug Abuse (NIDA), identifies addiction as a disease (2005). The DSM-5 (American Psychological Association [APA], 2013) uses the terminology substance use disorders; regardless, there is a large amount of human suffering that is caused by using methamphetamines (Singer, 2016). As previously stated, plenty of gaps exist in the research related to mothers who use methamphetamine and their experiences of addiction, child welfare, and recovery. Less scholarly attention has been paid to women's motivating factors for methamphetamine use, rural locality, patterns of drug use, initiation, access, stigma as mothers, and recovery processes (Carbone-Lopez et al., 2012). Therefore, this research represents a need and opportunity to increase understanding of the Moms off Meth group members' experiences of addiction, child welfare, recovery, and group participation.

This study will provide in-depth contextual information and add to existing research. The knowledge gained may provide alternative ways of helping mothers who struggle with methamphetamine addiction increase understanding, compassion, and push back against the stigma of mothers who use methamphetamine. Mothers who struggle with addiction, especially methamphetamine addiction, are highly marginalized. As a counselor educator, ethical practice and purpose includes advocacy for marginalized client groups. People with substance use disorders are considered even more dangerous and unpredictable than those with schizophrenia or depression (Schomerus et al., 2006). The continued identification of methamphetamine users as scourge, meth heads, and white trash often prevents help seeking behaviors (Schomerus et al., 2006). Increasing knowledge related to a stigmatized status has been identified as an effective method of stigma reduction. Therefore, this research supports stigma reduction in mothers who use methamphetamine (Schomerus et al., 2006).

Conceptual Framework

The quest for a conceptual framework is not without an in-depth exploration of one's assumptions, beliefs, and worldview and provides a focused position to help understand a research topic (Anfra & Mertz, 2014). This conceptual framework will assist in connecting the lived experiences of the Moms off Meth group members to existing research and theory. Addiction and recovery research reveals multiple interacting factors such as biology, psychology, spirituality, ethnicity, socialization, existential concerns, personality, politics, and economics (Copes et al., 2016; Ibbotson, 2015). Thus, supporting the difficulty and complexity in understanding how these related variables impact addiction, child welfare involvement, and recovery efforts in mothers who use methamphetamine, such as the Moms off Meth group. Qualitative research methods are a better fit for understanding contextually complex concerns by

providing a greater understanding of circumstance, milieu, and environment (Bloomberg & Volpe, 2016).

This research supports an integrated conceptual framework grounded in holistic addiction theory. A holistic biopsychosocial theory of addiction is recommended to understand the complex factors of addiction and recovery, such as methamphetamine addiction in women (Covington, 1998). The biopsychosocial model of addiction began formulating in the early 2000s and offered a reprieve from the previous entrenched moral model of addiction (Levounis, 2016). Substance use can be explained by genetics, neurobiology, psychological experiences, self-medication, social economic factors, and cultural variants (Levounis, 2016). The inherited characteristics provide a pathway to addiction (MacNicol, 2017). Anxiety and other mental health disorders are often self-medicated with substances and are very common co-occurring disorders (Atkins, 2014). Social factors related to addiction in general and mothers who have a methamphetamine use disorder include social inclusion/exclusion, social cognition, abusive relationships, and poverty (Haight et al., 2009; Heilig et al., 2016).

Research Approach

Awareness of the experiences of the Moms off Meth group and providing a voice for those experiences can be better achieved through naturalistic scientific methods such as qualitative research (Hunter et al., 2013). Qualitative research provides a superb way for in depth dynamic contextualization of a phenomenon (Povee & Roberts, 2014). Utilizing a heuristic phenomenological approach aligns with the purpose of this study as it allows the researcher to share the lifeworld of those who have experienced the phenomena (Englander, 2016). It focuses on exploring how people make sense of their lived experience. This will assist others in deepening their understanding of the life world of those who have experienced the phenomena.

What is known by helping professionals is bound in natural scientific methods (Hunter et al., 2013). Vast amounts of research on the complexities of methamphetamine addiction and that individuals can overcome such challenges exist. However, there is still a limited understanding of the impact of the individual experience, as few studies give rise to the voice of those who experience methamphetamine addiction. Rarely have mothers who abuse illegal drugs spoken about themselves and very little research has reported their perspective, which increases the interest of this research (Haight et al., 2009). This phenomenological approach provides an excellent opportunity to give voice to the lived experiences of being a Moms off Meth member.

This approach, just like other approaches, needs to have good alignment with the purpose of the research. Qualitative research is increasingly gaining its legitimacy in counseling research, as it is a good fit and may help enhance healing for clients (Levitt et al., 2016; Ponterotto, 2005). Limitations of qualitative research are not bound by the same types of limitations in quantitative research; however, it is not without its own limitations. Language expression ambiguity as well as researcher skill, rigor, and generalizability are often cited as common limitations (Levitt et al., 2016; Cypress, 2017).

The current study investigated the lived experiences of the Moms off Meth group members. More specifically, the research question, "What were the experiences of addiction, child welfare, recovery, and Moms off Meth group?"

Locating Myself as a Researcher

Phenomenological research provides an understanding of bracketing and there is ongoing debate on how that can differ by approach (McLead, 2011). The ongoing debate is about the role of objectivity and the requirement of a researcher to bracket off personal experience. This research does not seek solve that debate and is limited in scope to provide a detailed discussion

of such matters. This study follows the view from heuristic descriptive phenomenology, which evolves from the experience of the researcher and is detailed in Chapter Three (Giorgi, 2009.

Curiosity and reflection on my personal recovery and participation as a group facilitator/member of the Moms off Meth group fuels the flame for this research. My introduction to the Moms off Meth group began with an invitation to a Department of Human Services (DHS) presentation. There was no clear reasoning on why I agreed to go, because I had not been involved with DHS in any manner for fifteen months. I had been clean nearly eighteen months at this point and I was thrown aback when I heard Judy Murphy and other women get up and tell their story about the Moms off Meth group. I was with two other recovery friends who had been through the child welfare system due to addiction. That day we embarked on starting a Moms off Meth group, because we wanted to share recovery with other moms.

My experience as a member began as a dual role of being a participant and co-facilitator. I was mentored by the professional leader for a year and then she handed the group over to me as the facilitator with Kristi Woldhuis as a co-facilitator. I was always accepted as the leader due to my personal experience, which was not the case for the previous professional. The philosophy of the Moms off Meth group is that the women own the group, in that sense I tried to step back and be a servant leader.

This meant that I accepted responsibility to facilitate funding for activities and other activities. Our group activities were partially funded by the state de-categorization block grant and Community Partnerships for Protecting Children grant. Our group supported each other at court hearings, writing letters, advocacy with media, reaching out to professionals, fundraising, and going to positive socialization activities (ex: Omaha Zoo).

The groups continued to grow across the state and many of the Moms off Meth group members were helping to create the parent partner program. Judy Murphy asked the groups to get together for a conference so we could see this amazing group of women, who were doing exceptionally well in their recovery. We had many state conferences, which was empowering for me as a group member and facilitator.

As a member of the group, I faced my own shame and guilt as well as grew in my recovery by being supported by the other women. Our stories seemed painfully similar and there were many close relationships formed. As a facilitator, I was in awe of the tremendous amount of courage and strength I witnessed. I also exemplified pride in the women who, despite difficult circumstances, kept coming to group and growing in their own way, not because they were court ordered or mandated but because they chose to. Having that little piece of control over their life was critical.

Near the end of my participation in the Moms off Meth group, I received tremendous support and encouragement at a Moms off Meth conference, as the women provided personal information about themselves in anonymous surveys to one day help me with my dissertation, which is expanded on in chapter three. Many of the 80-plus women who filled out surveys did so with the hope of providing useful information to increase awareness.

In asking for this information, it was desired that one day I could honor these women and their experiences by providing a platform for their voices to be heard. The hope was to share with others the amazing stories of triumph over adversity and provide an understanding that they are women with struggles and not the monsters they are portrayed as being through stereotypes and stigma. In my recovery, I was taught by one of the founders of the Moms off Meth group,

Judy Murphy, to advocate and educate others about such a reality. That teaching is what helped me to carry the torch to other moms and another part from which this research was inspired.

There is only one remaining Moms off Meth group, however, I have heard former Moms off Meth members reminisce about the group. The members of Moms off Meth group were at risk or experiencing family disruption due to their children being removed. This group was a safe place that pushed back against stigma; however, curiosity lies in where the push back comes from now with only one group. I have recently witnessed mothers, who struggle with methamphetamine addiction, be stereotyped, shamed, punished, and unable to self-advocate as they sought to reunify with their children. This punitive approach was also reported by Haight and colleagues (2008) whose qualitative investigation found that mothers often remain silent and are penalized in the child welfare system. Perhaps by making the voices of these women known, it increases understanding, prevention, and treatment efforts to once again help other mothers who are struggling with addiction.

Definition of Terms

A *Moms off Meth group member* is defined as a woman who participated in the Moms off Meth support group any number of times.

Addiction is defined as a chronic, neurobiological disease with genetic, psychosocial, and environmental factors that influence the development and manifestation of the disease; it is evidenced with behavioral indicators include impaired control over drug use, compulsive use, continued use despite harm, and cravings (SAMSHA, 2019). It was used interchangeably in this study with a substance-use disorder.

Child welfare involvement was defined as informal or formal arrangements to provide services to families for the protection of their children.

Substance use disorders were defined according to the current DSM 5 criteria that categorize the severity as mild, moderate, and severe.

> An individual must meet two of the following for inclusion. The substance is often taken in larger amounts and/or over a longer period than the patient intended. There are one or more unsuccessful efforts made to cut down or control substance use. A considerable amount of time is spent in activities necessary to obtain the substance, use the substance, or recover from effects. There are cravings or a strong desire to use. Continued use often results in a failure to fulfill major role obligations at work, school, or home. There is continued substance use despite having persistent or recurrent social or interpersonal problem caused or exacerbated by the effects of the substance. Important social, occupational, or recreational activities given up or reduced because of substance use. There is recurrent substance use occurs in situations in which it is physically hazardous. Misuse continues despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance. Tolerance and indicators often include increasing amounts to achieve the same effect or a diminished effect with the same amount. as defined by either of the following: a. Markedly increased amounts of the substance in order to achieve intoxication or desired effect. Withdrawal is manifested by either the characteristic withdrawal syndrome for the substance or as a relief from such characteristics (APA, 2013).

Recovery was defined according to SAMSHA's (2020) definition. It is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Methamphetamine refers to all forms that are illegally manufactured, such as ice, crystal meth, and crank. Ice, crystal meth, crank, and shake are all slang terms for methamphetamine.

Chapter Summary

The first section of this discussion seeks to provide a foundation for the importance of understanding the scope of availability, historical overview, and consequences experienced by methamphetamine users; most importantly mothers. More information is needed to help mothers who struggle with methamphetamine addiction. This goal shall be achieved through investigating the experiences of the Moms off Meth group. Furthermore, the conceptual framework is a

foundation for making sense of the lived experiences of the Moms off Meth group members. Descriptive qualitative phenomenology was also identified as a method that can be used in giving voice to the experiences of the Moms off Meth group members. Finally, the rationale supports the need for a qualitative description to understand this phenomenon. The following chapters provide a review of the literature and the research methods that were employed for the current study. It also provides the acceptance gained for this study by the IRB and faculty chair to allow for the commencement of the research.

CHAPTER TWO: LITERATURE REVIEW

Methamphetamine use has been continually slated as a hidden epidemic in the media. The epidemic is being hidden behind the catastrophic heroin overdose concerns. There are warnings from professionals, such as law enforcement and treatment providers, that prevention and harm reduction efforts could circumvent the storm that lurks on the horizon (Chomchai & Chomchai, 2015; UNDOC, 2016). Although awareness surrounding methamphetamine addiction in women has increased, fewer women seek treatment than men (Covington, 2008). The number of women/mothers using is increasing, with methamphetamine use in females equal to that of males – a finding vastly different from other substances (Brooks & McHenry, 2015; Chomchai & Chomchai, 2015; Covington, 1998; Haug et al., 2014). Expanding what is known helps professionals provide ethical compassionate care and aid in the fight to reduce negative outcomes in the lives of families.

Understanding experiences of methamphetamine addiction, recovery, child welfare involvement, and participation in a peer recovery setting provides useful opportunities for counselor educators, supervisors, counselors, and other professionals who work with this marginalized group. This review is divided through a natural sequence that aligns with the research questions: becoming addicted (Part I), child welfare involvement (Part II), recovery (Part III), and peer groups (Part IV). It also seems noteworthy to first provide some background to elucidate the basic structure for how the literature was obtained for inclusion.

This literature review was completed in an exploratory manner that parallels a holistic view. Although not an exhaustive list of parameters, the primary search categories were as follows: methamphetamine use disorders, mothers and methamphetamine, women and methamphetamine, child welfare and methamphetamine, methamphetamine recovery, women

and addiction, women and recovery, methamphetamine use and biology, psychological factors and methamphetamine abuse, biology and methamphetamine recovery in women, psychological factors and methamphetamine recovery, sociological factors and methamphetamine recovery, child welfare and methamphetamine, child welfare and recovery, peer groups and methamphetamine, methamphetamine and qualitative, stigma and methamphetamine, stigma and co-occurring, co-occurring and methamphetamine, and motivation and methamphetamine.

Using methamphetamine and mothers was often a problematic criterion that resulted in a long list of results that provided limited relevant material, mostly information regarding pregnancy and methamphetamine misuse outcomes. Although important, the focus for this research is not primarily on prenatal methamphetamine use. This review provides a broader spectrum for understanding methamphetamine use in mothers and confirms previously mentioned gaps in the research literature; quality of life, recovery, peer supports, and trauma (Alexander et al., 2018; Bathish et al., 2017; Beales & Wilson, 2015; Carbone-Lopez et al., 2012). The time frame of articles for this review dated from 2007-2018 with a few exceptions, if it was evaluated as expanding on a limited area of knowledge, seminal, or unreported thus far in the exploration. The experience of cultivating research for this topic was, at times, frustrating due to a lack of specificity on women especially mothers, as there is much more that needs to be discovered.

Part I of this review, *Becoming Addicted,* begins with a brief overview of the addiction models and transition to a holistic model of addiction that frames this research, the holistic biopsychosocial model of addiction. Then, it provides a holistic review of biopsychosocial elements connected to addiction in women/mothers. This review then progresses to Part II, *Child Welfare Involvement,* which discusses child welfare involvement in women who use

methamphetamine and highlights the contextual factors revealed in the literature, such as family of origin trauma and reunification. Part III, *Trying to Recover,* is formatted similarly to Part I with a review of recovery models and holistic exploration of the applicable literature. The final section, Part IV, *Peer/recovery Supports*, of this discussion then briefly focuses on peer groups in recovery.

Part I: Becoming Addicted

A vast amount of research on addiction provides a complex array of options in which to understand factors related to etiology and risk. However, this limited review is purposed to provide a basic framework to view mothers with methamphetamine use disorders. This section begins with reviewing a few of the major models of addiction in brief due to the limited scope of this research. It then moves to a description of the holistic theory of addiction, which was utilized to frame this study. The components of the holistic theory are biopsychosocial and are the categories that drove the exploration for the review.

Theoretical Models of Addiction

There is no shortage of addiction models seeking to explain the etiology of addiction and make sense of the factors related to methamphetamine use in mothers. Models of addiction include the moral model, disease model, social learning model, process models, continuum of non-use to addiction, ecological, trans-theoretical model, and attachment models (Brooks & McHenry, 2015; Covington, 2000; Finan, 2017; White, 2010). It is very important to consider how this current phenomenon is framed in order to place this topic contextually in the current milieu. Providing a few different perspectives was beneficial as helping professionals often view phenomenon from a theoretical frame that they closely identify with (Brooks & McHenry, 2015; Lewis, 2014). The extent of various theories provides valuable perspectives and warrants

extensive consideration for professionals, which is beyond the scope of this review. The two theories of focus for this review were included due to their long-standing prominence in shaping how society views substance misuse. This review highlights the moral and disease model of addiction and then delves into holistic review of methamphetamine use in mothers.

Moral Model

The moral model of addiction is one of the oldest views, perhaps over 200 years old (Doweiko, 2019). It still permeates society and provides understanding for initiation, continuation, addiction, recovery, and relapse (Stevens & Smith, 2013). This brief overview provides a description about various aspects of the moral model that is evidenced throughout research, the media, and public perception. These include stereotypes, immorality, and spiritual deficits (Brooks & McHenry, 2015; Finan, 2017; Lewis, 2014; Stevens & Smith, 2013). Of further importance is the pervasive hold this model has throughout the criminal justice and religious institutions. Finally, this discussion attempts to answer the question, are there any potential benefits that remain from this model?

The moral model of addiction often relates substance use as a choice and labels people who misuse substances as immoral or sinners; addiction, therefore, is an individualized personal moral failing (Lewis, 2014; Stevens & Smith, 2013). Another view relates moral deficiencies as the inability to handle difficult emotions (Stevens & Smith, 2013). Alcoholics have often been depicted and stereotyped with a dereliction type status (skid row bum status) (Stevens & Smith, 2013). Other preconceived descriptions of those with substance use disorders include unemployed, sinful, and defective willpower (Brooks & McHenry, 2015; Finan, 2017).

Another primary component of this model is its root in spiritual/religious contexts (Doweiko, 2019; Stevens & Smith, 2013). The moral model has been coupled to the temperance

movement and claimed that a character flaw or spiritual void is the cause for the substance use disorder (Doweiko, 2019; Lewis, 2014; Stevens & Smith, 2013). It also served as a foundation for many recovery-type homes that saw the cure as moral reformation (White, 2002).

This model has been the foundation of our criminal justice system despite the knowledge of weak research support (Lewis, 2014). The current penal system views those who are making poor moral decisions as needing punishment (Koppel, 2016). This view has been equated with responsibility for the current state of mass incarceration for individuals with substance use problems and a reflection on the eightfold increase of women behind bars (Covington, 2000; Koppel, 2016).

The moral model has been linked to an increase in feelings of defectiveness, resulting in a high level of shame and stigma (Lewis, 2014). However, many people still hold to the belief that substance addiction is a moral failing (Schomerus et al., 2006). The Penal system is predicated on this traditional view (Schomerus et al., 2006). Those who support the more traditional model do not have much in way of empirical support. The newer adaptive model is providing some research support to understand how morality/choice is involved in addiction research (Frank & Nagel, 2017).

Areas of academia support an adapted moral model as they see addiction as a choice – a mitigated choice not a voluntary choice (Frank & Nagel, 2017). The recent view on moralization of addiction focuses on values and the role of personal responsibility in conjunction with other biological, psychological, and social influences, which claims that it helps the individual with personal agency (Brooks & McHenry, 2015; Frank & Nagel, 2017; Lewis, 2014). However, opponents, such as Frank and Nagel (2017), argued that shifting away from the disease model of addiction would most likely result in going back in time; a time when individuals were blamed,

resources were restricted, and stigmatization was more rampant. Frank and Nagel (2017) also argued for a quest to review all models on various levels, one of which is the use of phenomenology; this would provide descriptions on how a model is perceived, supports change, and impacts a personal sense of morality (Frank & Nagel, 2017).

Disease Model

As far back as 1842, in a speech by Abraham Lincoln, a biological basis for alcoholism was noted (Brooks & McHenry, 2015; Finan, 2017). A drastic shift occurred in the United States with the views of Dr. Rush who treated substance misuse with medical treatments (White, 2010). The disease model of addiction was officially endorsed by the American Medical Association (AMA) in 1956 when it listed alcoholism as a disease (Brooks & McHenry, 2015; Lewis, 2014). The AMA's acceptance of alcoholism was based on the factors of alcoholism that were related to disease, such as common symptoms, primary, progressive, potentially fatal, and chronic (Brooks & McHenry, 2015; Lewis, 2014).

According to this model, addictive behaviors are believed to originate from the brain, not psychological, sociological, or moral deficits (Lewis, 2014; White, 2010). The disease model has been described with two primary positions: susceptibility versus exposure. The susceptibility model focuses on a genetic or biological condition, whereas the exposure view indicates the brain is diseased from the chemicals it was exposed to (Lewis, 2014). The disease model focuses on the loss of control with use and the utilization of abstinence as a primary method of management (Lewis, 2014).

The use of a specific moral versus the disease model by treatment professionals has increased in the research literature, one such focus was a systematic review (Barnett et al., 2017). This review adhered to protocols for preferred systematic reviews and meta-analyses. The

screening of articles for inclusion was completed in three phases, with 10% random sample of articles being screened by an additional reviewer (Barnett et al., 2017). The interrater agreement was 98%. Data extraction revealed a very homogenous group and a qualitative approach for analyses was utilized instead of a quantitative statistic for meta-analyses; the final sample size for the analysis was 34 (Barnett et al., 2017).

Remarkably, there seems to be an eclectic acceptance of many different models, as evidenced in their review (Barnett et al., 2017). The findings from the review reported that it is quite common to support the disease model and still utilize various aspects of the moral model (responsibility) when deemed as a suitable response to benefit the client (Barnett et al., 2017; Doweiko, 2019). Findings also revealed support for the use of a biopsychosocial model (Barnett et al., 2017).

There are controversies within the disease model of addiction (Lewis, 2014). One of the concerns is that the progression of the disease occurs until the individual dies, however, this is not supported from scientific findings from epidemiology reports. Lewis (2014) states that maturing out of substance use does not support progression and that many leading researchers also do not support the loss of control as depicted through constructs from Alcoholics Anonymous as a component of the disease. This disease model was hoped to alleviate the perception that addiction was a moral failing and reduce stigma and it has not (Racine et al., 2017). Heather and colleagues (2018) go one step further and identify the recovery movement as discounting the disease model as well.

Despite the previous and ongoing controversies that exist between the two models, both are not without gender bias as they were heavily influenced by the established contextual gender norms (Covington, 2000). As late as the 1950s, one such norm was the illegal nature of showing

women with alcohol in movies and advertisements (Covington, 2000). Alcohol/substance use in women was a hidden phenomenon. The reality was that many professionals and prominent members of society with substance concerns were women (Brooks & McHenry, 2015; Covington, 2000; Haug et al., 2014). However, the critical theoretical reflection overwhelmingly supported by research on women is a biopsychosocial model that identified whether the complexity of addiction had taken root (Covington, 2000; Covington, 1998).

Holistic Theory

Current addiction accounts for the historical factors experienced by women through a holistic view of addiction that was previously limited to a non-gender focused treatment model (Covington, 2000). This view includes a broad array of elements, such as physical, psychological, and social contributions of disease, which are often intertwined (Covington, 2000; Lewis, 2014). Covington (1998) provides a biopsychosocial view specific to women that include relational cultural theory and trauma theory to help understand every aspect of a woman and her addiction. Relational cultural theory seeks to understand the developmental psychological needs of women for interpersonal connections as well as social structures that impose a detrimental impact on women (Covington, 2000; Covington 1998).

The use of the biopsychosocial holistic model frames this research and the exploration of the current research literature to understand methamphetamine addiction in mothers. This is not an exhaustive review of all contextual factors due to the scope of this research, however, it provided a broad view for understanding what is known. Topical exploration on biological, psychological, and social aspects of methamphetamine use in mothers related to the research questions in this study.

Addiction in Using Mothers

Methamphetamine addiction is often the result of numerous adverse life experiences that reach across multiple life domains (Cunningham & Finlay, 2013; Hser et al., 2012). This discussion is focused holistically to provide a good understanding of these domains. The biological characteristics reviewed are mortality, genetics, sexually transmitted diseases, other health concerns, and the impact on pregnancy. Psychological contexts discuss depression, attention deficit hyperactivity disorder (ADHD), trauma, shame, and stigma. Then, the social contexts describe the research supporting social networks, social capital, and chaotic environments as shaping methamphetamine addiction.

Stimulant Differences

As previously mentioned, methamphetamine is sometimes included in research on stimulants, even the DSM-5 groups stimulants in the same category. However, a rare study sought to understand differences in stimulants. Stoops and colleagues (2007) sought to understand the differences in rural Kentucky stimulant users with a natural history study. The original study sample was drawn from two counties in western Kentucky through respondent driven sampling and then categorized into two groups: methamphetamine users (n=170) vs other stimulant users (n=55). Statistical analysis was completed using ANOVA and Chi-Square methods, where the results indicated a multitude of differences between the two groups (Stoops et al., 2007).

Methamphetamine users were more likely to be younger, Caucasian, and experience more hepatitis, epilepsy, convulsions/seizures, high blood pressure, parental substance abuse, and poly-drug use (Stoops et al., 2007). There were also differences in mental health, social relationships, HIV risk behaviors, and legal history. Noteworthy, differences revealed the

increased likelihood for mental health services in the past three years, sleep concerns, concentration difficulties, restlessness, and difficulty with their fathers in the past thirty days, Legal histories of rural methamphetamine users were also higher. Future recommendations include continued research on possible differences in the two groups (Stoops et al., 2007).

Biology and Health

Biological components that influence addiction are related to genetic predisposition, age of onset, physical health, IQ, disabilities, and the negative impact of substances (Boeri, 2013; Hittner, 2016). The many health related differences that are experienced by women with addiction concerns are cognitive/brain deficits, higher mortality rates, cancer, hepatitis, sexually transmitted diseases, and reproductive factors (Boeri, 2013; Darke et al., 2017; Hittner, 2016; Weischeit, 2015). The following review provides a brief overview for many of these concepts as discovered in the research literature.

Impact on the brain. Even though there is research support on the impact of methamphetamine use on the brain, the role that sex differences play has limited empirical support (Kogachi et al., 2017). A matched control study on sex differences sought to understand independent and combined effects of methamphetamine use and impulsivity (Kogachi et al., 2017). They hypothesized that there would be smaller and thinner frontal cortices and women would be more impulsive than males (Kogachi et al., 2017).

The sample was recruited with flyers and word of mouth in the community and obtained a final sample of 124 individuals with 62 for the control and meth user group (Kogachi et al., 2017). The sample for the meth user group inclusion required passing a urine screen that did not have any other substances, a positive screen only for methamphetamine and tobacco, DSM-5 diagnosis for Methamphetamine use disorder at least two years, be able to complete an MRI, free

of other psychological/brain disease, and free of other confounding chronic disease. The control group was required to have a substance free urine screening, be able to complete an MRI, free from psychological/brain disease, and be free of other confounding chronic diseases (Kogachi et al., 2017).

The measures for the study were the Baratt Impulsiveness Scale (BIS), which was categorized into two factors (cognitive and behavioral), and the Center for Epidemiologic Studies–Depression (CES-D; Kogachi et al., 2017). Complete medical and drug use histories were also completed on each participant and after the MRI's were completed, there were detailed measures of multiple brain structures. Findings from the rigorous statistical analysis (ANOVA, ANCOVA, Freesurfer, 3 GLM analysis) indicated overall increased impulsivity and brain differences in methamphetamine users (Kogachi et al., 2017).

The differences were mostly in the nucleus acumens and frontal cortex; females had larger nucleus acumens and males had larger cortices (Kogachi et al., 2017). There were no significant differences in impulsivity between the males and females. Two possible explanations for the larger nucleus acumens in females were inflammation from methamphetamine use and an estrogen protective effect. These results indicate that methamphetamine brain changes may be mediated by sex (Kogachi et al., 2017).

Another finding revealed that the males' enlarged right superior frontal volumes could be related to an increased risk for relapse (Kogachi et al., 2017). The females in the study with increased impulsivity had a smaller right frontal lobe, which could indicate methamphetamine could be more of a neurotoxin in the female brain. The methamphetamine users had thinner frontal cortices especially in the orbital frontal area where impulse control has been connected to addiction. Sex differences should be included in all future studies that focus on brain

morphometry. The potential limitations to the study relate to the possibility of premorbid brain structure abnormalities, as well as self-report on impulsivity measures (Kogachi et al., 2017).

Genetics. Women with substance use disorders often report a family history of substance use disorders (Suchman et al., 2013). Genetic predisposition (originating in the disease model) has some research support as various genetic markers have been found that relate to having a sensitivity to methamphetamine (Belknap et al., 2013). One such study utilized analyses in a genetically crafted line of rats that had specific markers for methamphetamine and alcohol with a marker for methamphetamine sensitization. The experimental study was tightly controlled, and results indicated strong support for a common genetic influence that increases sensitivity of methamphetamine use. The additive genetic correlation between the two MA traits was rA = 0.32 for the S2 (p\0.001) and RA = 0.28 for the S5 (p<.05) (Belknap et al., 2013).

Methamphetamine can also affect gene expression and now there are real time gene expression systems and DNA methylation assays that allow changes in gene expression to be researched (Cheng et al., 2015). The molecular impact of methamphetamine needs more research support to help understand long-term changes that individuals present with clinically. This research compared mice injected with methamphetamine and a control group to test 84 genetic markers for plasticity. The results from the research supported other research findings in chronic methamphetamine group that there was increased locomotor activity; the methamphetamine treated group had significant downregulation in the frontal cortex (24 genes) and the hippocampus (10 genes). Methamphetamine use can affect gene expression and this study provides additional understanding on molecular mechanisms of methamphetamine induced synaptic plasticity and addiction (Cheng et al., 2015).

Mortality. Methamphetamine deaths are underreported with mortality rated as three to six times higher for those who are regular users (Callaghan et al., 2012; Degenhardt & Hall, 2012). Overdose is often related to heart attack, heat stroke, or suicide (Darke et al., 2018; Weischeit & White, 2015). Heart disease, damage, and stroke are primary concerns for chronic users (Lappin et al., 2017). Other manners of death also include violent suicides and high levels of risk taking in fatal accidents (Lappin et al., 2017).

Suicides in those who are methamphetamine users are typically caused by relationship break ups, loss of children, and impending imprisonment (Darke et al., 2018). Chesney, Goodwin, and Fazel (2014) conducted a meta-review using google scholar for a systematic search to explore risks of mortality in those with mental health disorders, including suicide. The types of mental health concerns included in the search included unipolar depressive disorders, anxiety disorders, bipolar disorder, schizophrenia spectrum disorders, eating disorders, learning disability, autistic spectrum disorders, conduct disorders, oppositional defiant disorder, personality disorders, dementia, substance use disorders, alcohol use disorder, and smoking. There were 406 total articles of which 96 were reviewed using the assessing the methodological quality of systemic reviews (AMSTAR). After the exclusion criteria were met, 20 systemic review articles and one meta-analysis article remained (Chesney et al., 2014).

Conclusions from this research identified that all mental health disorders co-occurring with substance use disorders and anorexia have the highest mortality rates when compared to the general population; the potential for life reduction ranged from 7-24 years (Chesney et al., 2014). Suicide mortality was ten times higher for borderline personality disorder, depression, bipolar disorder, opioid use, and schizophrenia. Women with anorexia and alcohol use disorders had increased rates of suicidality (Chesney et al., 2014).

Other health concerns. An abundant amount of research has provided beneficial knowledge about the negative impact on the entire body from methamphetamine use (Sexton et al., 2006; Vearrier et al., 2012). A comprehensive literature review identified increased health related consequences, early death, trauma, myocardial infarction, stroke, cognitive decline, decreased white/gray matter, dopaminergic deficit, necrotic arteritis, hepatitis, and others (Vearrier et al., 2012).

Women/mothers who use methamphetamine often succumb to a hopeless view after facing multiple health concerns, such as hepatitis C, chronic pain, and illness; these women will not even seek health care at times (Boeri, 2013). Sexton and colleagues (2006) sought to understand rural methamphetamine patterns and adverse health consequences through an ethnographic natural history study. The sample they used was taken from a larger study sample comprised of twelve men and nine women from Kentucky and five men and eight women from Arkansas; these individuals had been interviewed through structured interviews (Sexton, 2006).

One avenue that participants revealed were adverse consequences related to the route of administration. Smoking on a foil was identified as being hard on breathing, intranasal use was identified as causing sinus problems, and injecting methamphetamine was related to skin infections. Other physical consequences were reported as flu-like symptoms after binging and tooth decay (Sexton, 2006). In Boeri's (2013) *Women on Ice*, qualitative data from women in the suburbs provided similar stories on how good hygiene can help fight tooth decay. Boeri's (2013) findings also revealed that other common experiences included accounts of organ damage, such as heart conditions, kidney damage, and gall bladder disease.

Reproductive health. Methamphetamine has become the primary substance compelling treatment during pregnancy (Terplan et al., 2009). Reproductive health plays a major role in the

lives of women and has been a topic for many researchers who seek to provide understanding of how methamphetamine use interacts with this aspect of health. Methamphetamine use in women has been associated with high-risk sexual behaviors (Boeri, 2013; Hittner, 2016; McKenna, 2013). Methamphetamine use has also been reported as a way to find enjoyment in sexual activity for women who have experienced sexual abuse (Lorvick et al., 2012). Use of substances are a public health concern and abstinence can be difficult for women to achieve due to many different factors, such as poverty, violent relationships, stress, and guilt (Latuskie et al., 2019).

Latuskie and colleagues (2019) sought to understand women's experiences of substance use during pregnancy and reasons for continuation/discontinuation of use; they were hoping to provide an understanding and garner better support for pregnant women using substances. Also, Latuskie and colleagues (2019) used focus groups to help understand this dynamic with 16 women who were the former participants of a maternal addictions program in Toronto. The participants reported being abstinent and in recovery for longer than six months at the time of the study; this criterion was chosen to help reduce the risk of re-traumatizing and/or potential relapse for participation in the study period (Latuskie et al., 2019).

Trained researchers conducted 100-minute semi-structured phenomenological interviews (Latuskie et al., 2019). Participants were given a gift card for participation and childcare was made available. Audio recordings from the focus groups were transcribed and coded for themes. Member checking on the final theme was completed by a staff member from the clinic and minor amendments were made (Latuskie et al., 2019).

The themes identified centered on continuation or discontinuation (Latuskie et al., 2019). Continuation themes were stressors, escapism, self-efficacy, and public understanding of science, while the themes that were related to discontinuation included negative pressures, positive

relationships with service providers, positive personal relationships, self-efficacy, and physiological response. One of the most important elements from the continuation and discontinuation was that of self-efficacy. It was important that women had positive supportive relationships and felt as though they would be successful. All the women requested that professionals treat them with compassion and empathy as way to support that self-efficacy (Latuskie et al., 2019).

Kalaitzopoulos and colleagues (2018) sought to complete a review of the literature on methamphetamine exposure during pregnancy and its outcomes. A meta-analysis of retrospective case control studies was completed with inclusion criteria being women who used during pregnancy, as determined by self-report, urine testing, and meconium screening, compared to a control group of non-using mothers. Overall conclusions from the eight studies that were utilized in the meta-analysis are related to reduction of neonatal birth weight, head size, and body length; there was no evidence for pre-eclampsia or hypertensive complications. Limitations for this study included a small sample size, variation in identifying methamphetamine use, and likelihood for interaction effects from smoking or alcohol use during pregnancy (Kalaitzopoulos et al., 2018).

Methamphetamine has been correlated to poor decision making, disinhibition, and heightened sexual impulses that increase the likelihood of high-risk sexual behaviors (Boeri, 2013). These high-risk sexual behaviors have been cited as sexually transmitted diseases, HIV, and hepatitis C (Boeri, 2013; Hittner, 2016; McKenna, 2013). A meta-analysis of high-risk sexual behaviors in heterosexuals was completed, which included only empirical articles of high-risk sexual behavior in heterosexuals: making the sample size 26 empirical studies (Hittner, 2016). There was a high variance for the included sample population representing 286,781

respondents (Hittner, 2016). After rigorous statistical analysis, Hittner (2016) identified that methamphetamine users were 37% to 72% more likely to engage in risky sexual practices vs non-methamphetamine users.

Sexual behavior was the focus of another mixed-methods research study involving a community-based purposive sample (n=322) from San Francisco (Lorvick et al., 2012). High-risk sexual behavior (unprotected vaginal/anal intercourse) was not the only narrative that was revealed from the data; one third of the women said they were always high on methamphetamine when they engaged in sexual intercourse with men (Lorvick et al., 2012). The qualitative inquiry was completed with 34 participants who did not have any statistically significant differences on demographic variables (Lorvick et al., 2012). Findings provided an explanation for desire while using methamphetamine. Desire for sexual intercourse was increased and sexual encounters were extremely lengthy. Women reported increased pleasure, fewer inhibitions, increased confidence, and increased feelings of sexual attractiveness (Lorvick et al., 2012).

Methamphetamine assisted in the ability to focus and accomplish the sexual encounter, possibly facilitating dissociative coping (Lorvick et al., 2012). Childhood sexual abuse was a common experience in 68% of the participants (Lorvick et al., 2012). There was a tremendous rate of unwanted sexual experiences that these women endured; 73% of them reflected on being faced with everyday violence. Unprotected sex was another risky behavior in the entire study sample, which was related to perceptions of risk (Lorvick et al., 2012).

The authors provided an understanding for the diminished account for the risk associated with unprotected sex, as many of the women in the sample enjoyed sexual relations while they were using methamphetamine (Lorvick et al., 2012). This reflected a higher sense of sexual agency while they were using methamphetamine. Limitations of this study include a lack of

generalizability to other methamphetamine using women and the data was potentially subject to response bias from self-reports. Overall, there was a suggestion for a holistic view of risk and women's sexual behaviors in the promotion to reduce risk; it is equally as important to promote healthy sexuality (Lorvick et al., 2012).

Psychological Contexts

Even though there has been less research on women, the research literature continues to grow and assist in understanding various aspects of methamphetamine addiction in women. Psychological characteristics connected to women who misuse methamphetamine have been established in the research literature and included co-occurring disorders, stress, shame, and methamphetamine associated psychosis (Covington, 1998; Kerley et al., 2014; Simpson et al., 2016). Much of the research provides a broad view and snippet of information on how mental health and methamphetamine use are related as evidenced in the following discussion.

A constant comparative grounded qualitative study sought to examine how women experienced addiction and recovery (Masters & Carlson, 2006). This research study has very similar research questions to the current study and was deemed helpful despite it being somewhat dated. This research used in-depth interviews and participant observations to reveal the experiences that women have. The sample for this study included 12 participants, who either were currently in treatment with less than six months of recovery, completed treatment and had five to ten years of recovery, or had more than five years of recovery and had not been in a formal treatment program (Masters & Carlson, 2006).

For the purpose of this section of the review, findings were discussed in part with focus on the addiction experiences. The women often related to feeling disconnected in late childhood and early adolescence (Masters & Carlson, 2006). The childhood descriptions were mixed with

some detailed happy/normal while others described home as disorganized, unhappy, and chaotic with parental substance misuse and violence (Masters & Carlson, 2006).

Participants described going from a state of connectedness to that of being disconnected as they navigated their teen years experiencing loneliness, emotional pain, peer rejection, few female friends, and feeling unloved by family members (Masters & Carlson, 2006). Their stories also revealed a lack of social skills and feelings of defectiveness followed by involvement in abusive/unhealthy romantic relationships (Masters & Carlson, 2006). The journey into addiction was about filling a void, as many of the participants experienced trauma before they began using. Common trauma experiences included parental death, divorce, and abusive relationships. These relationships coupled with intensified methamphetamine use resulted in severe losses of positive feelings of self, friends, family, and financial security, as well as the loss is custody of children (Masters & Carlson, 2006).

Co-occurring disorders. Methamphetamine addiction is frequently connected to mental health concerns such as depression, trauma, ADHD, anxiety, and psychosis (Darke et al., 2018; Homer et al., 2008; Zweben et al., 2004). By far, depression is the most significant psychological outcome reported in the research literature on methamphetamine and related to dopaminergic effects resulting from use (Darke et al., 2018; Homer et al., 2008; Kittirattanapaiboon et al., 2017; Volkow et al., 2015). Even a recent prospective study regarding methamphetamine use in pregnancy across cultures found associations to complex social and psychiatric problems with methamphetamine use being connected to depression (Wouldes et al., 2013).

Zweben and colleagues (2004) sought to provide information on correlated factors in those that use methamphetamine in a randomized controlled trial in eight outpatient clinics at three locations: California, Hawaii, and Montana. The sample was 1,016 methamphetamine

users; inclusion criteria was met if they experienced a DSM IV dependence diagnosis, 18 years-old, severe psychiatric interference, and no other axis 1 substance use diagnosis. The Beck Depression Inventory (BDI), Brief Symptom Inventory (BSI), and Addiction Severity Index (ASI) were administered; findings revealed a high amount of mental health concerns related to depression and psychotic symptoms where women had higher BDI and BSI scores on all categories. Depression was common (68% of the women) in the sample and would sometimes abate during treatment; however, it was exacerbated from negative thoughts and self-esteem (Zweben, 2004). The rate of suicide attempts in the women from this sample was 28%. Violence was a common experience for many of the women in the sample and 58% of them reported experiencing at least one coercive sexual experience in their life (Zweben, 2004). Many of the individuals also reported psychotic type symptoms that were often still present at 18 months (Zweben et al., 2004).

A more recent study eliciting updated information to understand the new phenyl-2-propanone (p2p) methamphetamine characteristics provides additional information (Maxwell, 2014). This survey research (n=222) recruited from a large treatment facility in Texas and found that 73% of the women had sought mental health care (Maxwell, 2014). Maxwell (2014) also found that the most common diagnoses were depression 74%, bipolar 64%, and anxiety 60%. The women in the study identified previously mentioned benefits from using increased productivity (house and kids), confidence, sexuality, and decreased depression. The sample also had high proportions of familial substance use, child neglect/abuse, and incarceration; women especially reported feeling unloved, mistreated/abused/emotionally, and mistreated/abused sexually (Maxwell, 2014).

Attention Deficit Hyperactivity Disorder (ADHD). Methamphetamine use in those with attention deficit hyperactivity disorder is another co-occurring disorder (APA, 2013). It has been noted as being a common comorbid diagnosis in methamphetamine users is ADHD (Barkley et al., 2010). This was also supported in a retrospective study of 755 participants in a methamphetamine and HIV study that was promoted by local drug clinics in California (Obermeit et al., 2013).

Further support from another study of 134 Iranian adults with a history of methamphetamine use reviewed functional level, quality of life, and psychiatric comorbidities for methamphetamine users (Shahrivar et al., 2018). Their research supports the increased risk of use of methamphetamine substances in those who have ADHD and a negative impact on quality of life in various life domains, such as disability, relational, common health concerns (Shahrivar et al., 2018). These findings support the assumption that methamphetamine is a means of self-medication for those with ADHD.

Current research reflects support for treating methamphetamine use disorder with stimulant medication (Dobry & Sher, 2012). This topic is a clinical imperative as there is no current psychopharmacological treatment for methamphetamine use disorder (Mooney et al., 2015). Therefore, with the help from the funding of NIDA, a randomized placebo control trial was completed with 110 methamphetamine dependent individuals from Honolulu and Los Angeles; the individuals were in either the Ritalin group or the placebo group and participated in various assessments, CBT groups, and required urine screenings (Mooney et al., 2015). Results indicated those with ADHD reported higher methamphetamine use at baseline than those without ADHD. Also, the group with ADHD reported no differences in treatment for placebo vs methylphenidate (Mooney et al., 2015). Therefore, more research is needed.

Of further interest is that interpersonal sensitivity in women is much higher in females as compared to males (Simpson et al., 2016). Simpson and colleagues (2016) sought to identify gender differences in methamphetamine users through various facilities in Nebraska, citing a gap in the research of most methamphetamine studies being completed with individuals on the west coast. There was a screening interview in which 220 adults attended; however, only 132 met criteria as being 19 years old, in treatment for methamphetamine dependence, and willing to complete the informed consent (Simpson et al., 2016).

There was a baseline interview of 1.5 hours and a 30-minute, self-report questionnaire completed; there was also eight data sets excluded due to one attrition and seven staff errors (Simpson et al., 2016). Independent t-tests and Chi-square were used to analyze the data. Results found that men were more likely under criminal justice control and experienced higher amounts of criminal charges; there were no other significant differences between men and women for demographic analysis. Drug use histories revealed no differences in the age of methamphetamine first use, regular use, or perceived stress. The differences that were found are as follows: women realizing they had a problem at a younger age, higher rates of childhood emotional/sexual trauma, women experiencing use related concerns earlier, and women having more severe psychiatric problems than men (Simpson et al., 2016). Coping differences were also found as women would practice more emotional coping, perhaps connected to increased psychological concerns. Limitations of the research might be that it is limited to this understudied region and not generalizable. Also, participants were currently in treatment or recruited from correctional facilities and it is possible for interaction effects due to differences in facility type. Finally, the small sample was limited in analysis to chi-square (Simpson et al., 2016).

Methamphetamine psychosis. Many illicit drugs have been reported as increasing the potential for psychosis, however, methamphetamine psychosis is a common experience in users (Grant et al., 2012; Maxwell, 2014; Simpson et al., 2016). Methamphetamine impacts the central nervous system of users, especially the brain (Glasner-Edwards & Mooney et al., 2014). Chronic use can have a negative impact on the brain with the death of glial cells and neurons, as well as decreased white matter, altered dopamine and serotonin levels, and increased glutamate and calcium. Psychotic symptom rates can be as high as 40% for all meth misuse and research supports a genetic connection for susceptibility (Glasner-Edwards & Mooney, 2014). ADHD has also been connected to an increased risk for methamphetamine-induced psychosis (Lecomte et al., 2018). The symptoms individuals experience are often ideas of reference, delusions of persecution, and hallucinations (audio/visual) (Glasner-Edwards & Mooney). The induced psychosis can be either acute or chronic and often is treated with the same protocol as schizophrenia (Glasner-Edwards & Mooney, 2014; Grant et al., 2012; Wearne & Cornish, 2018). The topic of differential diagnosis has scant research support, however, there is a screening instrument showing to be helpful with differential diagnosis (Grant et al., 2012).

So how is methamphetamine psychosis like that of schizophrenia? Wearne and Cornish (2018) provide a comprehensive research review to differentiate between acute and persistent methamphetamine psychosis. Inclusion criteria focused on studies with people over 16 years old, methamphetamine (not amphetamine/other stimulants), direct comparison to methamphetamine psychosis (to schizophrenia or primary psychotic disorder), original research, and methamphetamine use preceded any psychosis; case studies were omitted (Wearne & Cornish, 2018). There appears to be congruence in the research about positive symptom presentation in methamphetamine psychosis and schizophrenia, making it difficult to sometimes distinguish in

clinical presentation. There is overlap in the research about chronic methamphetamine psychosis and schizophrenia perhaps indicating that chronic methamphetamine psychosis is a separate condition/diagnosis. The research is not without limitations as the review was stifled by how the disorder was diagnosed and lack of specificity in the diagnosis for the sample (Wearne & Cornish, 2018).

Understanding increased risk for methamphetamine-induced psychosis was the focus of a recent meta-analysis using preferred reporting methods (PRISMA; Lecomte et al., 2018). Of the 531 original studies reviewed, 17 made the final inclusion making the final sample 4505. Conclusions from the study highlight the deleterious impact that methamphetamine has on the brain, as methamphetamine induced psychosis was 40% for regular users; no differences found between sexes or ages for participants. The limitations of the study were related to the heterogeneous sample, lack of population studies, and possibly Berkson's bias; Berkson's bias is considered a selection bias of which two variables can be negatively correlated even though they appear to be positively correlated within the study population (Lecomte et al., 2018). However, the sample was taken from three continents, showing ample generalizability in clinical samples (Potvin et al., 2018).

Trauma/PTSD. Substance misuse in women has been correlated to traumatic experiences. These experiences often begin in childhood, however, lifetime trauma experiences in women with substance misuse has been reported as 89%; these experiences include sexual abuse, physical abuse, domestic violence, rape, and robbery (Velez, 2006). PTSD has been reported in 33-59% of women with a substance use disorder and correlated to higher rates of methamphetamine use (Haller & Miles, 2003; Smith et al., 2010). Likewise, trauma related experiences in women with methamphetamine addictions are often related to childhood

abuse/neglect and domestic violence (Covington, 1998; Hunter et al., 2013; Simpson et al., 2016; Van der Kolk, 2014).

Women experience sexual assault and abuse at higher rates than men and use substances to cope with trauma related symptoms (Lorvick et al., 2012; Van der Kolk, 2014; Volkow et al., 2015). Sexual abuse was related to higher rates of methamphetamine use when compared to a group that did not experience sexual abuse (Puri, 2013). The traumatic experiences from childhood have been linked to negative emotions and risk for substance use disorders; trauma related shame plays a role in the pathway to substance misuse as well (Holl et al., 2017; Wilson et al., 2006.)

Depression. Depression and the parenting role strain were the focus of another study in 180 parents (103 mothers and 77 fathers) who have used methamphetamine at least two times in the previous two months and once in the past 30 days (Semple et al., 2011). The sample was drawn from a larger cohort study that was related to sexual behaviors. Those excluded from the sample were not sexually active, always used condoms, monogamous, had a mental health diagnosis, current psychotic symptoms, suicidal ideation, or in treatment. The participants had to score a four on the seven-item Beck scale; parenting and life stress measures included financial strain (related to children), stress related to child's physical health and emotional health, intrapsychic stressors (guilt/shame), depressive symptoms, and substance use (Semple et al., 2011).

Multiple regression analysis found no significant differences between the sexes on variables such as age, ethnicity, education, marital status, employment, past 30-day use, and alcohol use (Semple et al., 2011). However, there were significant differences that were identified on economic indicators, for example, homelessness was more often experienced in

mothers and fathers more likely earned more than 10,000 a year (Semple et al., 2011). Findings revealed that 71% of mothers and 40% of fathers met the moderate/severe depression criteria (Semple et al., 2011).

The next question was whether parenting strain dimensions and depressive symptoms were modified by the sex of the parent (Semple et al., 2011). Findings revealed that there was no significant difference in levels of parental role strain, however, behavioral/emotional problems were reported higher by the mothers. Conclusions that the strain of guilt, shame, and worry was evident and related to self-concept and efficacy as a parent due to the importance society places on the role of being a parent. Future research suggestions for longitudinal research on intrapsychic role strain in methamphetamine parents were suggested. Limitations of the study include self-report and cross-sectional data. The depressive symptoms could be exaggerated from the parent's perception (Semple et al., 2011).

Shame and Stigma. Interpersonal trauma can create intense feelings of shame, which has identified substance use as being a moderator for coping (Holl et al., 2017). Mothers can feel shame as well in relation to their weight and keeping up with all their responsibilities, which can be further motivation for methamphetamine use (Haight; 2009 Hser et al., 2012; Sheridan, 2014). This discussion on shame serves as a bridge between the psychological and social aspects of methamphetamine addiction in mothers. There are personal and social aspects of these concepts that are complicated to unravel (Brown, 2006; Budden, 2009).

Budden (2009) provides a bio-psycho-social-cultural basis for trauma related shame. The social self was defined as the symbolic and subjective sense of core identity and the stability of that identity in relation to one's environment. Shame serves as a shield from feeling overexposed and losing personal boundaries (Budden, 2009). An acute shaming experience threatens the

social self and damages the soul of the person (Budden, 2009; Holl et al., 2017). The feeling of shame is linked to defensive emotions that are connected to the fight or flight response (Budden, 2009; Holl et al., 2017). The threats are experienced in two ways: domination and violation of norms, values, and worldview. Shame is individual and communal; it further supports the public agenda of solidarity and is often acted out through the darkness of stigma, which is a major barrier to getting help for mothers (Budden, 2009).

According to Brown (2006), shame is a powerful and complex experience, which is very difficult to overcome. A grounded theory study aimed to explain why and how women experience shame, how it impacts them, and the process to resolve the impact/consequences of shame (Brown, 2006). The study utilized purposeful sampling of a diverse sample of 215 women being interviewed. Data sources were derived from interviews, field notes, and readings; the research team met biweekly to discuss and review the interviews and coding processes using a constant comparative method for analysis (Brown, 2006).

The purpose of the research was to illuminate primary concerns and find a core-underlying variable (Brown, 2006). Findings identified the primary concerns from shame as feeling trapped, powerless, and isolated. The feelings of being trapped were related to the inability to meet an overwhelming number of expectations (Brown, 2006). These overwhelming expectations were identified in the literature as mothers feeling the need to measure up by losing weight and often as single mothers keeping up (Haight; 2009 Hser et al., 2012; Sheridan, 2014). By no means is this short discussion on shame and stigma exhaustive due to the scope of this research. However, the nuance of shame and stigma is a naturally woven artifact from many of the research studies on methamphetamine use in mothers and is woven into the remainder of this literature review as appropriate.

Social Contexts

Social elements of addiction are often minimized, however, using a biopsychosocial frame protects that from occurring (Boshears et al., 2011). Many professionals are well versed in understanding the interpersonal dynamics of substance use disorders. Yet, there is much more to be known about social aspects of addiction when trying to help those who have a substance use disorder (Boshears et al., 2011). Social factors related to methamphetamine addiction and recovery often overlap and can include family of origin substance use/mental health, social capital, support systems, chaotic environments, and experiencing childhood maltreatment (Boshears et al., 2011; Copes et al., 2016; Taylor et al., 2017).

Social networks. For the purpose of this limited review, the following discussion expands upon what is known in areas of social networks. A lack of research on social components of addiction was what fueled the mixed method study of Boshears and colleagues (2011) utilizing in depth interviews with methamphetamine users in Atlanta, Georgia. The sampling method was a targeted, snowball, and theoretical sampling frame with interviews being held in homes, library meeting rooms, hotel rooms, and the interviewer's car (Boshears et al., 2011). The quantitative data related to past drug use. The final sample for inclusion was 100 participants, 50 former and 50 current methamphetamine users (with a history of poly drug use); the study sample was 84% Caucasian, 11% African American, 65% male and 35% female, with ages ranging from 18 to 65. The socioeconomic status was vast and ranged from homeless to business owners. Methamphetamine use was primarily administered through smoking (90%), followed by snorting (54%), oral (47%), and IV (43%) (Boshears et al., 2011).

Data analysis coding was completed through free coding methods and focused on trajectories of use, initiation, cessation, and relapse (Boshears et al., 2011). Through open coding

in NVivo software there were free codes related to social aspects with 397 referenced quotes. Findings from this mixed methods study revealed that initiation and progression of methamphetamine use always occurred in familiar social networks, family, friends, romantic partners, and co-workers (Boshears et al., 2011).

Also, social identity is put at risk from using to experience cohesion in a new social network; another important factor of initiation was related to work as participants had been offered methamphetamine to keep up, have more energy, and work longer (Boshears et al., 2011). Family was a common place where many of the participants began using methamphetamine. Some had experienced indirect contact with friends of the family, however, the family component provided primary support for the intergenerational modeling of drug use (Boshears et al., 2011). This research supports previous research highlighting the importance of including social aspects related to methamphetamine addiction as a primary component of initiation. This study was not specific to mothers, however, its focus for research is related to the current study and reiterates the necessity to hear life stories in addiction research because it sheds light on other important variables (Boshears et al., 2011).

Kerley and colleagues (2014) identified social determinants for use; initiation, persistence, and desistance of methamphetamine use differences in white and black women were the focus of their non-probabilistic sample of 30 women at a recovery center. Many of the interviews supported findings in previous research, such as increased energy, social pressure, and role performance as a primary factor for initiation in the women (Kerley et al., 2014). Persistence for use was related to access of the substance, as many of the women used methamphetamine as it was given to them. This access was obtained through exchange of services and was sometimes

precursors in production for product. A few would even use sex to help them obtain the substance (Kerley et al., 2014).

Differences were found in duration of use between white and black women (Kerley et al., 2014). Most of the white women had increased chronicity of methamphetamine use as compared to the black women; the white women also provided reasons for cessation as being related to relationships or consequences. Meanwhile, the black women expressed more concern about the stigma of methamphetamine and its lack of acceptability in the black community as support for desistance. Although there were differences, children were a motivating factor for many of the women to desist. Recommendations were to explore the different narratives and increased stigma (Kerley et al., 2014).

Removal of children as a result of maternal methamphetamine use often results in grandparents assuming custody of the children (Taylor et al., 2017). A qualitative analysis utilizing symbolic interaction theory with custodial grandparents sought to understand how the mother's drug dependency influenced the caregiving experiences of the grandparents (Taylor et al., 2017). The sample of 49 participants (caring for 71 children) was almost equally split between duel grandparent homes versus single grandparent homes. Sample characteristics interestingly reveal that the age that grandparents begin caring for their grandchildren was 41 to 69 years old with various types of custody arrangements, which were either formal or informal custody. Particpants were recruited through fliers and given an option between face to face, email, or telphone interviews. There were a total of seven seven face-to-face interviews, 17 telephone interviews, and 15 self-completed email interviews; the recorded interviews were transcribed and a verbatim check completed to check for accuracy. Each participant was provided with a gift voucher as a surprise thank you gift (Taylor et al., 2017).

Data analysis included appropriate methodolgical and ethical paramaters with patterns coded and clusterd into themes (Taylor et al., 2017). The findings revealed five themes and nine sub-themes. The first theme consisted of the grandparents' recollection on their adolescent daughters progression of drug use; the second theme was related to multiple pregnancies, family dysfunction, and child neglect. The third theme focused on how the grandparents gained custody and used tough love ultimatums; the fourth theme was related to the aftermath of assuming custody and the grandparents' experiences of emotional turmoil. The fifth and final theme was posttraumatic resilience growth experienced by the grandparents and their outlook on life (Taylor et al., 2017).

The downward spiral narrative shared by the custodial grandparents seems to be a typical depiction on the progression of addiction: personality changes, social distancing, value based behavior changes, and unemployment (Taylor et al., 2017). After moving away from home many began using, committing crimes, and selling methamphetamine. Many of the young women were teenage mothers, who only maintained abstinence while they were pregnant. Many of the grandparents shared stories of chaotic environments and their child's continued pregnacy; they also referred to their child as being a parasite on governmental assistance. The choas resulting from domestic violence occurring in the home and being witnessed by their grandchildren served as a catalyst for intervention; the grandparents described being repeatedly caught in a cycle to alleviate the negative impacs on grandchildren as their daughters returned to the abusive partner. Those circumstances and further torment with worry over the neglect their grandchildren faced from unsanitary conditions, lack of food, and inadequate clothing frequently resulted in ultimatums to their daughter to get clean or they would get custody of the children (Taylor et al., 2017).

The grandparents often reported a serious separation in relation to their daughter, left to deal with feelings of grief, loss, and guilt (Taylor et al., 2017). The guilt was often related to mistakes they made as parents, as well as taking their daughters' children away; many of the grandparents reported internalizing many of their feelings from other family members as a result. However, some of the grandparents overcame their grief through the use of a support or other social group; they learned to reframe negative thoughts with positive thoughts and helped advocate for other grandparents in similar circumstances. The ultimatum placed on their daughter to get clean or lose your children often failed; increasing the amount of grief and loss faced by the grandparents (Taylor et al., 2017).

Another phenomenological study sought to identify the first use patterns in 20 males and 20 females in Iran. It excluded anyone with psychosis and identified four factors related to first use: friends, family, spouse, and stressful events (Rhamati et al., 2018). Friends that use, families that use or sell drugs, and stressful events were all important elements of drug use initiation. For women, it is important to note that first use is connected to the dependence of use on a spouse (Rhamati et al., 2018). Despite this study sample coming from Iran, these social factors seem to run across cultures (Rhamati et al., 2018; Wouldes et al., 2013). The findings of the study can be utilized to address services needed to help women.

Social identity and boundaries. Copes and colleagues (2016) expanded research on how people who engage in potentially stigmatized behavior develop symbolic boundaries between themselves and others; they hoped to illuminate how boundary creation and maintenance was connected to identity construction in women methamphetamine users. When assessing the impact of value and norm violations, it is also important to consider how these violations occur in the subculture as well to understand how boundaries of chronic use shift (Copes et al., 2016).

Copes and colleagues (2016) utilized qualitative methodology among women methamphetamine users housed in a temporary facility, where the inclusion criteria was being 19 years old with a history of methamphetamine use. Topical semi-structured interviews using natural language helped increase participant comfort during the interviews, which were audiotaped, transcribed, and reviewed to reveal broad categories (Copes et al., 2016). The women in the study provided descriptions between functional and dysfunctional behaviors, as well as provided descriptions of norm violations and deviant labels they tried to avoid.

There were five boundary themes between functional and dysfunctional: procurement, route of administration, maintaining obligations, physical appearance, and mental state (Copes et al., 2016). Stigmas were frequently placed on methamphetamine users. Participants categorized those that used prostitution to obtain methamphetamine as dope whores (Copes et al., 2016). Women also stigmatized those that used needles. Appearance was important to them and so there were continual adjustments with fluid boundaries to assist with not being labeled as a meth head. Functional use was also considered abiding by the boundary of not becoming paranoid or violent. However, boundary slippages were frequently justified by the participants and related to significant life stressors, such as the death of a loved one, job loss, relationship loss, and losing custody of their children. The common element identified was their attempts to maintain "control" over the drug (Copes et al., 2016).

Copes and colleagues (2016) concluded that social identity construction was often more determined by the characteristics of the in group and out group others. For these study participants, the larger cultural norm of media portrayal of methamphetamine users paralleled their boundary descriptions. Copes and colleagues (2016) offer caution for using media that villainizes women as a potential barrier to desistance.

Social stigma. Stigma is rooted in shame to help sustain social control of group boundaries (Budden, 2009). The shaming of stigma displays brokenness and erodes social bonds that are needed for support; it inhibits self-agency, self-narrative, care seeking, and restitution (Budden, 2009; Major & O'Brien, 2005). Stigma serves as a blanket over the voice of those who are hurting from being broken and hides the source their trauma (Budden, 2009).

Mothers are judged more harshly when it comes to the use of illegal drugs, such as methamphetamine **(**Haight et al., 2009). Stigma against addiction and mental health diagnosis still permeates society (McGinty et al., 2015). Those who experience stigma often experience discrimination in their housing, work, education, healthcare, and criminal justice (Major & O'Brien, 2005).

Stigma experiences can increase the likelihood of a stress response and result in a lack of performance (Major & O'Brien, 2005). Those who are stigmatized often accede to the dominant group's view of them; the more that an individual identifies with the subordinate group, the more likely he or she will experience discrimination. Stigma can then become an unconscious automatic nonverbal experience that results in protective reactions, such as attributing negative experiences to discrimination, disengaging self-esteem and effort from the possible threat, and reinforced solidarity with the stigmatized group (Major & O'Brien, 2005). A qualitative grounded research study supports this claim as many of the participants (n=12) reported experiencing stigma (Silva, et al., 2013). The participants also easily differentiated between helpful and discriminatory professionals, where helpful professionals supported them as mothers and discriminatory professionals treated them poorly (Silva et al., 2013).

Criminal Justice. Methamphetamine use is correlated to criminal justice involvement for women and takes a toll on families. The number of mothers in prison due to methamphetamines

accounts for most women in prison (Bachman et al., 2016; Couvrette et al., 2016). These imprisonments are often related to the manufacture and distribution of methamphetamine (Bachman et al., 2016; Couvrette et al., 2016). Important research for consideration includes desistance research and hooks for change.

Very few studies have reviewed the experience of motherhood in women who have substance use concerns and criminal behavior (Couvrette et al., 2016). With the goal to understand such experiences, a study was completed using a qualitative review of 38 women in Quebec, Canada, in which 25 substance-using women were serving two years or less and 13 were in outpatient treatment centers and had criminal records (Couvrette et al., 2016). The participants had a total of 98 children, who were in a variety of settings, such as foster homes, other relatives, or with the participant's mother. The participants also had sample characteristics, which included poly substance use, unemployment, and public assistance before their incarceration. Incarceration was often related to property crimes, drug trafficking, and fraud; a few participants reported violent crimes (Couvrette et al., 2016).

According to Couvrette and colleagues (2016), a duality of motherhood existed for these participants, the normative views and the deviant good mother. Many of the mothers wanted to escape the stories of their childhood and have a traditional family only to experience intense despair when their romantic relationships ended. The normative view is an idealized view that holds certain characteristics, such as patient, doting, devoted, as a requisite of being a good mother. Those who held this idealized view also derived parenting as primarily part redemption from other traumas in their life. Changing family patterns was another part of the normative motherhood theme as evidenced by them wanting a fresh start with a new baby after having lost custody of other children (Couvrette et al., 2016).

The deviant good mother role served as a shield of defense for the lifestyle they had been living (Couvrette et al., 2016). The choices they made, such as purchasing name brand clothing, quality food, expensive furniture, etc., were often defended with having provided for their children's basic needs. As the participants described their substance use, mixed opinions arose on how their mothering was impacted by substance use. Their criminal behavior was kept distant from mothering if that behavior supported their substance use and provided them with extra money (Couvrette et al., 2016).

Continued diffusion of the normative mother role to the deviant mother role provided protection for the adequacy of their mothering (Couvrette et al., 2016). They were aware of the social demands and expectations, and yet, were unable to bridge the gap between the ideal and the actual choices they made, negating the risk and harm their children faced (Couvrette et al., 2016). This study provides a continuum for mothering instead of the present dichotomy and marginalization these mothers face in the research literature; this study does not attempt to generalize the findings and could be limited by the participants providing socially desirable answers. Further suggestions include providing interventions for mothers that provide long-term support and address issues pertaining to motherhood. A transformation of the current depressed and angry self-identity needs to occur if criminal behavior is to stop (Couvrette et al., 2016).

Bachman and colleagues' (2016) research interest was motivated by the fact that desistance of criminal behavior, as a result of motherhood, has shown mixed results; this study illuminated the role of motherhood on desistance in relation to substance use and criminal behavior. The baseline data was a longitudinal study collected from a sample of severe drug involved prisoners from 1990 to 1996 and again in 2010; the original study sample was 1,250 prisoners being randomly assigned to a drug treatment community who were interviewed nine

months before release and again at six, 18, 42, and 60-months post release (Bachman et al., 2016). They reviewed arrest records in the state and nationally to determine desistance; they calculated the number of arrests per year and the number of free days per year for each participant to calculate a projection-based model as their sampling frame for the qualitative inquiry. The final sample, chosen randomly from the model, consisted of 118 females for participation in intensive interviews. Complex coding strategies revealed storylines in the data following a constructivist/IPA research format (Bachman et al., 2016).

The findings of the study revealed that half of the participants continued to use and one-fourth still committed criminal behaviors (Bachman et al., 2016). In this sample, only three women desisted after they were released from prison and only one woman, who was a first-time offender, clung to her promise not to return with her success due to severely limited substance use. The other mothers who struggled with desistance loved their children and wanted to do better, but faced difficult challenges in housing (Bachman et al., 2016).

Many of the women whether desisting or persisting had previously left their children with their mothers and those who persisted often had little to no relationship with their children, which further perpetuated their use (Bachman et al., 2016). Findings concluded that hooks for change, such as marriage and employment are important, however, until they were able to overcome their substance problem, there was an inability for them to shift motherhood roles and identity. They endured difficulties regaining trust of their children and family members as they sought a new legitimate identity. The roles of motherhood were often shared as second chances with new children or being able to help with grandchildren (Bachman et al., 2016).

This study also provides further support for the identity theory of desistance and need for reentry services to help women with reconciliation to find access to education, employment,

treatment, and housing (Bachman et al., 2016). This study was one of few that have followed women over 20 years during the war on drugs. It advocates for a harm reduction policy as the primary crime the women committed was that of having an addiction (Bachman et al., 2016).

Treatment

This part of the discussion reviews important characteristics related to substance use treatment, a pivotal aspect that can launch women toward changing the negative impact of substances misuse on their lives. If social systems, such as the criminal justice, child welfare, or family, intervene, women are ordered to treatment. This process has been identified as a bridge toward recovery, and yet, not all women will cross it. Due to the limited scope of this research, the following discussion of treatment is scant and bound geographically to the United States.

Even before the great depression, psychological treatments were available for alcoholics (Stephens & Aparicio, 2017). Substance use treatment has had substantive research support for demonstrating effective outcomes. This moves people toward abstinence, decreases harm, and helps them move toward recovery. Considerations for the role that treatment plays in the lives of individuals is an important aspect of recovery experiences to help ease the biological, psychological, social, and financial burdens of addiction. This seems especially true as the heroin epidemic rages and the ignored methamphetamine epidemic flourishes. Four commonly researched factors related to treatment and recovery are treatment timing and treatment barriers, (Stephens & Aparicio, 2017).

Treatment Timing

The timing of treatment for addiction can result in a lower life course trajectory for use (Evans et al., 2013). A pooled sample of 1,318 adults from four longitudinal studies sought to answer three questions: (a) how individuals are first treated during young adulthood different

from those later, (b) are there different drug use trajectories between age-based groups over ten years following drug treatment, and (c) is the developmental timing of first drug treatment related to long term patterns of substance use. Pooled data resulted in 348 persons first treated in young adulthood (18-25 years old) and 970 in older age (above 25 years old). The total sample was 62% male, 24.9% white, 41.3% African American, 18.9% Hispanic, and 4.5% Asian; average age of first use was 15 years old, criminal involvement was 21 years old, and first drug treatment was 31 years old. The sample was matched to help create a better perspective of age differences; the five matching criteria were gender, race/ethnicity, primary drug type, age at first use, and age at first arrest. The instruments used in the longitudinal studies came from the natural history interview (NHI) (Evans et al., 2013).

Statistical analysis for the two groups, unmatched 1318 participant data and then the matched samples, had different treatment timings (Evans et al., 2013). Mean days of use in older and younger samples was plotted for each of the ten years before and after first drug treatment. Trajectory model patterns were based on the posterior probability and selection of the model based on numerous fit statistic criterion methods: Akaike information criterion, Bayesian information criterion, adjusted Bayesian information criterion, Lo-Mendell-Rubin likelihood ration, bootstrap likelihood ratio test (Evans et al., 2013).

The conclusions of this study did not find earlier age at first drug treatment episode associated with lower use over ten years (Evans et al.,2013). However, more drug treatment over time was associated with keeping a lower level of drug use among those that were first treated as young adults, but not those first treated as older adults. These findings support the critical impact that a first treatment episode can have on outcomes for individuals with a substance use disorder (Evans et al., 2013).

Treatment Barriers

Treatment barriers are another important consideration in understanding methamphetamine addiction in women (Covington, 2008). Cumming and colleagues' (2016) research was one of many studies to aid in understanding was a meta-analysis; they reviewed 11 studies from five countries and eligible studies for inclusion were original research studies (qualitative, quantitative, and mixed methods), studies investigating barriers in treating methamphetamine/amphetamine, and studies written in English. PRISMA methodology was utilized for data extraction according to population/sample, observation period, date, study design, measures, outcome variables, socio-economic factors, significant barrier issues for methamphetamine/amphetamine use, and the barriers to treatment for methamphetamine. Two authors consulted and reached consensus on the final extracted data for analysis (Cumming et al., 2016).

Barriers of treatment were recorded by the two authors independently and they used content analysis to identify the frequency for each barrier with those having a specific count used for a random-effects model (Cumming et al., 2016). Studies that were excluded were efficacy of specific treatments, characteristics of methamphetamine/amphetamine users, admission trends, impact of use, and general barriers for accessing treatment (Cumming et al., 2016). The final sample of 11 was comprised of six quantitative studies, three qualitative studies, and two were mixed methods. Findings revealed that the four most common barriers to treatments were psychosocial: stigma/embarrassment, belief it was not needed, self-reliance, and privacy/confidentiality concerns; the least common barriers were cost, limited availability, and long waiting lists (Cumming et al., 2016).

There are few studies that address treatment barriers and findings were discussed according to the four most common barriers (Cumming et al., 2016). The view that only severe use needs treatment was related to the current findings. Stigma/embarrassment has been shaped by the bias of workers and sensationalized media campaigns to shock people away from using. Suggestions to use media to promote effective treatment for methamphetamine use and treatments lessening the shame of substance use can be advantageous, but warrants further research (Cumming et al., 2016).

Many of the individuals' inclination to withdrawal alone may be related to stigma and limited assurance in treatments (Cumming et al., 2016). The symptoms individuals face are depression/irritability, anhedonia, concentration, physical pain, and impaired social functioning. There is also a lack of support for withdrawal due to a lack of research, which is in part due to the frequent polysubstance use and overdose risk in withdrawal from methamphetamine (Cumming et al., 2016).

Of specific interest is the category of confidentiality, another one of the most cited barriers (Cumming et al., 2016). The concern for becoming involved with child welfare was reported as a confidentiality concern; there is also confusion about what information is confidential and what is reported to surrounding mandatory reporting. Awareness and education may increase treatment seeking. The limitations of this meta-analysis include a small study size. One of its strengths however was using the perspective of those impacted by substance use. Recommendations to address these concerns with targeted interventions/treatment models, increasing co-occurring treatment, and targeted treatment engagement research for methamphetamine user's vs polysubstance use is needed (Cumming et al., 2016).

This aligns with other research on stigma that reduction efforts promoting the successful treatment of those in recovery is one way to reduce stigma; perhaps including mothers in those efforts could decrease barriers. A look at McGinty and colleagues (2015) provides further research support for this view; this study used survey data and included a sample of 3,940 individuals. The research incorporated embedded randomized experimental vignettes (including a control group) to depict individuals untreated versus successful treatment. The results indicated a decreased amount of discrimination and social distancing by those who were provided the successful treatment vignettes (McGinty et al., 2015).

This discussion has provided a broad review of literature highlighting addiction models, holistic addiction characteristics, and treatment for substance misuse. The negative outcomes on children whose parents use methamphetamine are not the primary focus for this research albeit it does not decrease its importance. Quite frequently, mothers who have methamphetamine use disorders often experience child welfare involvement and this connection is the next topic for this literature review.

Part II: Child Welfare Involvement

The involvement of child welfare for mothers who misuse methamphetamine and the mistreatment of children are public health concerns (Grella et al., 2009; Jaffee, 2017). The increase in children being under the auspice of child welfare due to methamphetamine use is increasing again (Iowa Governor's Office of Drug Control Policy, 2016). Descriptive data on rural versus urban characteristics is needed to help child welfare workers improve family outcomes as parental substance use decreases reunification (Lloyd, 2018; Sheridan, 2014). This discussion provides information as it relates to contextual factors, family of origin, and reunification.

Child welfare involvement due to parental methamphetamine use manifests from multiple factors, such as neglect, abuse (physical/sexual), violence, antisocial behaviors, violence, and loss (Sheridan, 2014). Nationwide removal due to parental substance use was 38% in 2017 with significant variance depending on rural vs urban settings (U.S. Department of Health & Human Services, 2016). Rural rates are twice that of urban locations (Sheridan, 2014; U.S. Department of Health & Human Services, 2016). Research literature on outcomes in methamphetamine use and child welfare are often related to longer involvement, decreased ability in parenting skills, maladaptive behaviors in children, intergenerational trauma/substance use, treatment completion, socioeconomic status (SES), poverty, criminal justice involvement, unemployment, housing, and decreased rates of reunification (Lloyd, 2018; Sheridan, 2014).

Contextual Factors

Children regularly witness erratic moods of their parents depending on what part of the using cycle parents are in (Carlson et al., 2012). Methamphetamine crash can result in irritability and excessive sleeping. Antisocial behaviors have been related to parenting and methamphetamine use disorders (Sheridan, 2014). Carlson and colleagues (2012) completed research to understand the dynamics of methamphetamine and child welfare involvement compared to other substance use groups. Methamphetamine users who are white, unemployed, and lacking in education more often experience their children being placed out of their care (Carlson et al., 2012). Even though their children were more likely removed, there were no significant differences in allegations; physical abuse was more related to alcohol use despite common belief (Carlson et al., 2012). Conclusions found that the differences for out of home placement were due to risk ratings or perceived methamphetamine stereotypes from the social worker (Carlson et al., 2012). Also noted was the lack of support for increased domestic violence

related to the parental methamphetamine use. The rate of domestic violence across all groups was around 50%, calling for more focused research (Carlson et al., 2012).

Brown and Hohman (2006) support the above findings through a qualitative study with ten methamphetamine users recruited from a community agency in California; of the sample eight were involved with child welfare, three were fathers and three had been in jail. The length of clean time ranged from two months to 3.5 years; there were 17 out 40 children derived from the sample living with their parents (Brown & Hohman, 2006).

Thematic analysis revealed polar parenting, domestic violence, drug management, separate life, effect on children, and retrospective ambivalence (Brown & Hohman, 2006). The narratives depicted examples of emotional disconnect and anger towards the children, keeping the drug and paraphernalia hidden from kids, protecting children from the drug life (often until extreme use), domestic violence (perpetrated by females and males), homelessness, frequent moves, incarceration, child parentification, and ambivalence about the impact on the children (Brown & Hohman; 2006). The parents openly shared their stories about the downward spiral of their use that ended them in treatment and losing custody of the children. Limitations include generalizability due to the small sample size and methodology. Future programming with family treatment models was suggested to increase family functioning (Brown & Hohman, 2006).

Socioeconomic status (SES) can be an exacerbating factor in parent-child reunification. Lloyd (2018) attempted to fill a gap in the research literature on reunification and SES in families with maternal substance use; his research questions related to cumulative SES risk factors, with the risk-factor variables as single parent, low income, unemployed, and housing. The sample included 480 parent-child dyads, which were recruited from an evidence-based parenting program in the Midwest from 2008 to 2012. The sample characteristics revealed 68%

of the sample had a high school education, and 51% work full and part-time. Parental drug use accounted for 51% of removals (Lloyd, 2018).

Data analysis revealed that cumulative SES factors reduced reunification rates in this sample (Lloyd, 2018). Families that had three or four socioeconomic risk factors were 50% less likely to reunify than those with zero risk factors and children spent twice as long in foster care. Interestingly, families with four risks had a substantial decrease in the time to not reunify; also, the most influential of the fourth risk factor was housing concerns, highlighting the importance of housing in reunification. This research provides suggestions related to comprehensive assessment to determine family needs, addressing total risks more than specific risks, addressing the pathway of treatment completion and SES barriers, and using a dual attention between substance use and SES. Study limitations included generalizability and the use of secondary analysis preventing treatment referral, receipt, and completion variables in the analysis (Lloyd, 2018).

Family of Origin & Intergenerational Trauma

Many of the mothers currently involved in the child welfare system share narratives of their own family of origin concerns as factors for their own methamphetamine use disorder (Brown & Hohman, 2006; Jaffee, 2017). There are considerable gaps in the research regarding first person accounts on the lived experiences from child welfare affected mothers related to complex trauma and familial substance abuse (Hunter et al., 2013; Stephens & Aparicio, 2017). That gap became the focus for a few qualitative investigations and the following discussion.

The first study for this part of the discussion evolves from a secondary analysis taken from two larger phenomenological studies on the experiences of motherhood in child welfare affected mothers in three eastern states (Stephens & Aparicio, 2017). Inclusion criteria for this

study required that each mother had substance use as the disrupting factor in her family of origin. Every one of the participants had experienced foster care homes with no current involvement at the time of the interview. The sample consisted of 15 mothers of color, in which all had experienced substance use in their families of origin with two-thirds of them experiencing their own substance use as adults (Stephens & Aparicio, 2017).

A life narrative/life history approach assisted in reconstructing emotionally significant life experiences (Stephens & Aparicio, 2017). Study rigor was enhanced in several ways; the original studies involved long engagement through lengthy interviews (over 2 hours) and longer analysis time (several months) with the findings being vetted by women who had been involved with child welfare. The mothers reported common experiences related to childhood neglect, physical abuse, and sexual abuse; domestic violence was witnessed by one-third of the women during childhood and two-thirds of them experienced domestic violence as adults (Stephens & Aparicio, 2017). Participants were mostly single mothers with average age of first pregnancy being 16 years of age and half of the mothers were employed part-time or seasonally. Data analysis revealed two primary themes, insecurity, and resilience (Stephens & Aparicio, 2017).

The first theme was that of insecurity (Stephens & Aparicio, 2017). This insecurity was experienced in multiple life domains, such as, housing, finances, and relationships, resulting in a profound impact on their ability to parent; description of the insecurity was often connected to previous experiences of trauma and familial substance abuse. Relationship insecurity was often a result from neglect, abandonment, parental divorce, caregiver death, or inability to find loving partners. After losing a caregiver, the women, having been left with other family members or foster homes, had little or no parental support and felt lost. Insecurity around custody battles also

ensued and frequent school interruptions and dropout played a factor in their own financial independence as they developed (Stephens & Aparicio, 2017).

Housing insecurity as children was the result of custody battles or running away from foster homes (Stephens & Aparicio, 2017). The women would often stay with whomever was willing to help, only to be hurt and homeless again. Housing insecurities were repeated in adulthood when they became parents as a result of divorce or relationship dissolution. Childhood experiences of financial insecurity was a result of their mothers having substance use problems, yet another pattern these women perpetuated (Stephens & Aparicio, 2017).

The second theme revolved around resilience with subthemes of perseverance, empathy, and stabilized housing (Stephens & Aparicio, 2017). The shared experiences of the mothers provided evidence of their perseverance to reunify their families, as for many of the women, their children prompted increased motivation to persevere through the hardship and difficulties. The mothers had to remain and navigate many systems while dealing with their insecurities and fears by obtaining housing, employment, and recovery (Stephens & Aparicio, 2017).

Many of the mothers were able to increase resilience through engaging in a faith or belief system, finding blessings, and healing amid their pain (Stephens & Aparicio, 2017). Their spiritual beliefs that a higher power believed they were good mothers also helped them persevere. Over time, they maintained secure housing, which helped alleviate the insecurities they had held for so long; this enabled them to maintain custody of their children and prevent further trauma experiences (Stephens & Aparicio, 2017).

Conclusions and recommendations provide a voice of the mothers, many whom shared experiences of judgement and marginalization (Stephens & Aparicio, 2017). The participants were mostly raised by the very system where they felt so judged. Helping mothers by increasing

empathy and intergenerational interventions especially in helping to secure housing is vital. Professionals attending to a client's direct experiences and understanding the complex life histories can assist in providing better outcomes (Stephens & Aparicio, 2017).

Removal and Reunification

Removal can be a common outcome for children when their mother is using methamphetamine (Stephens & Aparicio, 2017; Taylor et al., 2017). Negative life outcomes for children due to dysfunctional environments have also been cited frequently in the research literature (Stephens & Aparicio, 2017; Taylor et al., 2017). There are, however, identified variables correlated to reunification: time to treatment, length of stay in treatment, employment, housing, and social support (Doab et al., 2015; Grella et al., 2009; Stephens & Aparicio, 2017).

Grella and colleagues (2009) completed a multivariate analysis of a projective study from California Treatment Outcome Project (CalTOP); this study was a multisite/multicounty study which identified variables related to child welfare outcomes. The purpose of this study was to help sort some of the limited and conflicting research on child welfare and substance use treatment as predictors of child parent reunification. Findings revealed signficant relationships in reunification for multiple factors. Reunification was more likely for the number of times a child was placed out of home, foster care vs kin care, fewer foster placements per the current episode, current placement less than 180 days, mothers length of treatment greater than 90 days, and receiving treatment services that includes employment services (Grella et al., 2009).

Doab and colleagues (2015) supported similar findings from Grella and colleages (2009) linking unemployment to reuinficaiton in the first systematic review of variables in child welfare cases involving substance use. The review was a narrative synthesis utlizing a population intervention comparison outcome methodology. The review sought to identify what programs

helped, important characteristics, and barriers to reunification. There were 11 articles utlized for the final review analysis (Doab et al., 2015).

According to the final analysis, characteristics related to reunification were unemployment, lack of high school graduation, history of abuse, unmarried, criminal justice involvement, mental health concerns, long term substance use of cocaine and other stimulants, and chronic medical problems (Doab et al., 2015). Families with higher reunifcation rates were male gender, being married, education level, fewer children, less severe mental health, older children, and higher internal motivation. Results of the analysis also identified lower reuinfication rates in accord to a prefered substance, such as heroin (Doab et al., 2015).

Services connected to reunificaiton had variables that were categorized as time to treatment, treatment progress, treatment completion, treatment program type, and provision of services (Doab et al., 2015). Successful reunification was the result of a 50% faster time to enter treatment. Also, the longer mothers were in treatment, the more likely they were to reunify; reunification rates doubled for treatment completion with 16.68 more likely over 90 days (Doab et al., 2015).

The review identified mixed results for various program types in concordance to the duration and frequency (Doab et al., 2015). Service provision that was matched in providing comphrehensive services for co-occurring disorders were showing an increased likelhood for reunification; for example, family drug court vs standard care model provided a 70% vs 40% reunification rate. The study recommendations included that the time to treatment is critical with holistic and comprehensive services; another priority should be reducing the stigma mothers face to help increase the engagement and retention in treatment (Doab et al., 2015).

Part III: Recovering

This section of the literature review provides an understanding of factors related to recovery. The limited amount of research on methamphetamine use in mothers should be kept in mind throughout this discussion. Recovery has been a longstanding outcome from the discontinuation of substance misuse (White, 2012). Important aspects of recovery are also related to biopsychosocial principles, such as medications, social networks, recovery capital, and professional/non-professional supports (Covington, 2008; Evans et al., 2014).

In fact, Abraham Lincoln spoke about the biological aspects of alcoholism to a society of abstinence promoting individuals (Evans et al., 2014). Research support for recovery identified a continuum of needs for those with addiction concerns (White, 2017). This continuum often begins in professional settings and then shifts toward long-term nonprofessional informal supports. This section of the review consists of what recovery is, models of recovery, and holistic characteristics of recovery.

What is Recovery?

The recovery movement has grown in different ways since the 1960s (White, 2017). This narrative begins with an upswing in the recovery movement from the early 2000's in the variety and influx of knowledge that increased from research scientists and those in recovery (Kaskutas et al., 2014). This growth shifted from a tide of pathology to one of wellness for individuals with substance use disorders and mental health concerns (Kaskutas et al., 2014; White, 2017).

Perhaps one of the most fundamental outcomes was a definition for recovery (Kaskutas et al., 2014). Defining recovery can spark debate as it grows in complexity. This review does not engage in such debate but explore various components of recovery and assist with understanding those in recovery, much of which researchers have not done (Kaskutas et al., 2014; Murphy,

2009; White, 2017). Kaskutas and colleagues (2014) sought to discover underlying elements of recovery to help bridge a definition of recovery between research and reality, as well as increase understanding and decrease stigma through revealing recovery's positive elements. They began by exploring various avenues in which recovery has been defined, such as the World Health Organization (WHO), recovery websites, research journals, and individuals in recovery; the research utilized a snowball sample of 30 plus men and women from different cultures, recovery length, and pathways. Then they pretested 167 items with a mixed methods approach from an online survey (n=238) and targeted qualitative telephone interviews from online survey participants (n=54). Recruitment was completed through comprehensive techniques using craigslist postings, partner website ads, contacting 12-stepgroups, advocacy groups, Hispanic Univision, radio programs in the south, and harm reduction radio (Kaskutas et al., 2014).

The data collected focused on substance misuse history and recovery definition (Kaskutas et al., 2014). Severity of misuse was determined through Lifetime version of the Mini International Neuropsychiatric Interview (MINI) and the length of time in recovery was self-identified and defined by three choices: (a) in recovery, (b) used to have an alcohol or drug problem but doesn't anymore, (c) recovered, and (d) in medication assisted recovery. Current substance use was dichotomized into abstinence from alcohol and drugs vs moderated use. Recovery definitions were in four categories reflecting 47 recovery items: (a) definitely belongs in your definition of recovery, (b) somewhat belongs in your definition, (c) does not belong in your definition but might in someone else's, and (d) does not belong in a definition of recovery (Kaskutas et al., 2014).

This research was the first comprehensive endeavor to explore recovery domains to find elements related to recovery (Kaskutas et al., 2014). There were six elements being endorsed by

more than 90% of the sample; the three that were categorized as included for definition of essential recovery were being honest with myself, handling negative feelings without using, and being able to enjoy life without substances like I used to. Other related elements to essential recovery were having supportive social networks and living conditions, not feeling sick from the substances, and caring for mental health. There were three elements that were identified as enriched recovery: (a) the first one was being someone who is dependable, (b) turning inward by having coping tools, and (c) inner peace, increased self-esteem, self-care, and getting help from others and physical health (Kaskutas et al., 2014).

The most endorsed categories related recovery to a process of growth and development; this was done in two ways: reacting to life's ups and downs in a more balanced way than before and taking responsibility for the things that could be changed (Kaskutas et al., 2014). Elements of spirituality revealed including spirituality in a definition and helping behaviors; 90% of participants supported helping behaviors and 63% supporting it as being a part of their definition of recovery. Interestingly, there were only very small differences between those in a 12-step group when compared to the other participants (Kaskutas et al., 2014).

Limitations of this research comprised inclusion of exclusive online sample, the underrepresentation of minorities in the sample, and generalizability. Kaskutas and colleagues (2014) recommended that providers and future researchers utilize their findings to enhance self-care and personal growth for individuals in recovery through purposeful planning of fun activities or volunteering activities (Kaskutas et al., 2014).

Krentzman (2013) and Price-Robertson, Obradovic, and Morgan (2017) concur that there was a passion to provide a less pathologizing care to help spur a needed change toward recovery. In Krentzman's (2013) systematic review, a dualistic change was occurring; it was known as

positive psychology in psychology and for addiction studies the grassroots recovery movement. Interestingly, the new movements were developing on different paralleled fronts, with positive psychology on the theoretical aspects and grassroots focused on intervention aspects (Krentzman, 2013).

The recovery movement aligns itself the most with the individual level disease model of addiction as well as supports macrosystemic changes, such as social advocacy (Krentzman, 2013). The growth of the movement spiked in the mid-2000s and with it came specialized mutual-aid recovery groups. These specialized groups include groups, such as, the Moms off Meth group. The recovery movement helps to provide for a solidarity among the many different groups of individuals that are in recovery. All that considered it should be no surprise that recovery is often difficult to measure and varies extensively; remission rates range from 5.3 to 15% in the U.S. population (Krentzman, 2013).

Further research support highlighting the factors of recovery came from Gordon and Ellis (2014) as they sought to find underlying factors of recovery that sustain recovery. Their research study aimed to analyze the *myvoicemylife* recovery measure and found core dimensions of recovery were belonging/relating, being/doing, thinking/feeling, resources, and satisfaction with services. Recommendations were for providers to build their knowledge and awareness of recovery dimensions to help expand recovery frameworks and empower individuals (Gordon & Ellis, 2014).

Describing and defining what recovery is continues to be in process, as there are variations in technical definitions. SAMSHA provides the following definition, “Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (SAMSHA, 2020, p.1).

Models of Recovery

Previous parts of the current literature review highlighted complexities of substance misuse. Therefore, it should be of little surprise that recovery is also complex; there are multiple frameworks in which one can attempt to understand dynamics of recovery. For the purpose of this review, process models, the CHIME model, social/relational recovery models, and women's recovery model are highlighted.

Process Models

The process models that have provided how individuals move toward recovery include cognitive models, relapse resilience models, psychosocial processes of identity reconstruction, and contexts that help people get out of their addiction (Kougiali et al., 2017). The trans-theoretical process model of change posits recovery as a slow process that can take seven to ten years. This model has five stages that a person can move through bi-directionally. Another process model, Miller's quantum model, identifies change as being a quantum (distinct moments); these two models about change were the focus of a two-fold research study (Kougiali et al., 2017). The first aspect of the study was on the bidirectionality/linearity of the recovery process and the second was reconstructing the directionality of the narratives to gauge the shape of the trajectories (Kougiali et al., 2017). There were autobiographical narratives and accounts to elucidate the qualitative changes that participants experience in control treatment and recovery (Kougiali et al., 2017).

This study came from a constructivist model shaped in a narrative criminology framework (Kougiali et al., 2017). The data collection was completed in South of England using respondent driven snowball sampling techniques (Kougiali et al., 2017). The defined parameters of recovery were based on the research-based Betty Ford Institute as early recovery of one month

to less than a year, sustained recovery at least a year but less than five years, and stable recovery at a minimum of five years. In-depth interviews were completed with 21 participants, eight who were not in recovery, and 13 who were in recovery (Kougiali et al., 2017).

The results support a non-linear process that as individuals experienced treatment and relapse; they also would identify dynamics that led to the relapse and learn from it. The only linear result in the study was in those participants who had not taken steps to change their use. These findings also support the premise of relapse as a part of the process, viewing a relapse as a learning and engagement opportunity in recovery. One other important conclusion the authors drew from the study was to stop using the conventional essentialist view and uses a systemic view that sees interventions as doing something to someone to illicit change and that relapse is a part of the change process (Kougiali et al., 2017).

Another process model was reviewed through a case study in which a systemic relapse resilience model was introduced (Harris et al., 2011). This model states that the individual experiences various types of pain and if they are part of a system that lacks protective factors for building resilience, then the individual is overwhelmed and can use substances in response. The choice can then become a choice between an obsessive cycle or coping cycle. This model states that one chooses either an obsessive cycle or a coping cycle over time and that leads to consequences that impact self-esteem, confidence, and negative feelings. This builds on guilt and shame and if coping skills are gained, then a cycle of coping can build resilience in a positive cycle (Harris et al., 2011).

CHIME Model

To provide support for a conceptual framework for personal recovery, Bird and colleagues (2014) completed a qualitative investigation using focus groups. The conceptual

frame for personal recovery grew out of confusion of numerous aspects of personal recovery that exist. This study sought to help support the CHIME (Connectedness, Hope/Optimism, Identity, Meaning, and Empowerment) personal model of recovery that was developed from a systematic review and narrative synthesis of existing recovery models. The research was part of a larger mixed-methods investigation and included three types of data triangulation (Bird et al., 2014).

The data collected from the focus groups was compared to the CHIME framework (Bird et al., 2014). There were seven focus groups completed at different mental health settings in various geographical areas allowing a broad range of participants; the convenience sample was that of working adults aged 18-65. The thematic analysis provided good support for the CHIME conceptual frame. Under the connectedness category, the sub-themes concluded from the inductive analysis were peer support/support groups, support from others, and relationships. Hope was central to those especially in early stages of recovery. The subthemes of this were hope-inspiring relationships, motivation to change, belief in recovery as a possibility, positive thinking, dreams, and aspirations. The identity category provided subthemes reflecting dimensions of identity, rebuilding/redefining a positive identity, and overcoming stigma. The meaning category found subthemes, such as meaning of mental illness experience, spirituality, quality of life, meaningful life with social goals, and rebuilding life. The final aspect of the conceptual frame is that of empowerment, in which there were three subthemes identified: personal responsibility, control over life, and focusing on strengths (Bird et al., 2014).

Relational/Social Recovery

One aspect of recovery that has increased in research focus is relational recovery, which promotes the domains of hope and empowerment; for example, it considers the context of socio-cultural components, not just an individualistic frame (Price-Robertson et al., 2017). One such

model of social recovery was described in a qualitative ethnographic study that recruited participants from a southeastern US metropolis by becoming familiar with local drug scenes and building rapport with key actors in those environments (Boeri et al., 2014). Some of the places that required involvement were bars, coffee houses, neighborhood streets, shopping centers, laundromats, and all-night restaurants (Boeri et al., 2014).

The researchers sought to build rapport and trust with this population by providing non-judgmental attitudes and kindness during the semi-structured in-depth interviews of one to three hours in duration (Boeri et al., 2014). The sample included methamphetamine users (n=100) with 50% being in recovery, defined as no use in the last 30 days but previous use consisted of 6-months continuous duration, and 50% being active users, defined as use in the past 30 days (Boeri et al., 2014). Demographic characteristics were as follows: 90% white, 64% male, 64% were between the ages of 25 to 65. They reported that 47 of the participants were free from methamphetamine use for less than a year (Boeri et al., 2014).

The data analysis was complex, and the deconstructing recovery process led to various routes and strategies (Boeri et al., 2014). All participants identified at least one recovery route that required numerous attempts. There were formal treatments and natural recoveries; the formal treatment strategies mentioned were organized treatment, 12-step courses, social support, goal focus, avoidance, religious/spiritual experiences, and using a substitute drug. For those whose most current aspect of recovery was that of natural support, social support was revealed as family, friends, counselors, healthcare providers, social workers, higher power, and many who discussed how these experiences were related to social aspects (Boeri et al., 2014).

Their phenomenological analysis of all recovery strategies identified that recovery has social dimensions (Boeri et al., 2014). These findings add to the existing literature on the social

nature of substance misuse and importance for engaging social environments more frequently to help individuals. Participants that obtained stable recovery evidenced an identity migration as a social part of recovery where one moves from a using status to a non-using status (Boeri et al., 2014). Further recommendation from this study was for providers to frame recovery as a social to help reduce the overwhelming blame placed on individuals; this reframe would also provide support for engaging in diverse recovery experiences (Boeri, 2014). Future research that is longitudinal could enhance social recovery and in turn help increase social recovery capital. The limitation of this study was the inability of being generalized to a larger population (Boeri et al., 2014).

Women's Recovery Model

What are some variations of recovery models in women? Kearney (1998), in a grounded formal theory study, sought to provide an answer to that question. The qualitative research sought to provide a mid-range theory for women's addiction and recovery using a sample of ten studies aligned with women's addiction and recovery, which consisted of published and unpublished research. The total number of participants across the research was greater than 200. The studies chosen had to focus on addiction and recovery in mainly women and the development of a theory or recovery elements; there were three studies that utilized men, however, the verbatim was not used for this study's analysis. Pregnancy descriptions were also kept from the analysis. Once a formal theory was discerned, there were other qualitative reports on addiction and recovery (Kearney, 1998).

The women used drugs to alleviate distress, which was, in turn, harmful to their bodies, self-concepts, relationships, family, community, and responsibilities (Kearney, 1998). The psychological pain from early abuse/neglect, social exclusion, or disenfranchisement was

masked by the substances they used. The women did not see a significant reason to discontinue with the familiar (using). The researchers defined this as self-destructive nurturing, their theory of addiction (Kearney, 1998).

The recovery theory was identified as truthful, self-nurturing, and a slow process. The women reported needing to identify substance use as the problem, work on being abstinent, self-work, and connections (Kearney, 1998). This theory utilizes a sense of control over the recovery process by highlighting what components of recovery were more helpful; the recommendations included urging clinicians to use this theory as a positive frame to help them engage women in recovery as a means of self-nurturing, not self-denial and discipline which is often the case. A noteworthy mention for this study and support for its inclusion in this review, given it being somewhat dated, is its attempt in the 1990s to begin forging a theory of recovery in women (Kearney, 1998).

Holistic Recovery Characteristics

This research uses a holistic view of recovery and is framed in a biopsychosocial perspective. Biological factors that include medication-assisted treatments are increasingly on demand; methamphetamine still has not obtained a specific medication assisted treatment (Chan et al., 2020). Psychological factors are explored continually and include identity, trauma, abuse history, hope, empowerment, and spirituality (Dyba et al., 2018). Social recovery factors include social identity, social networks, and social recovery capital (Boeri et al., 2014).

Biological/Physical Factors

Methamphetamine recovery literature provides information that focuses on a reduction of negative health outcomes or ways to promote such reductions. Biological health consequences have an impact on heart, teeth, and brain (Kittirattanapaiboon et al., 2017; Volkow et al., 2015;

Zhang et al., 2018). Research on reducing biological impacts can possibly be protective factors for sustaining recovery. Furthermore, there have been conflicts in the research surrounding the negative impact of methamphetamine that challenge consequences related to use during pregnancy, breastfeeding, and tooth decay (Kittirattanapaiboon et al., 2017).

Recovery from methamphetamine can leave an individual with cognitive impairment (Zhang et al., 2018). A randomized matched control study sought to assess if aerobic exercise can reduce impairment. The experimental sample group consisted of 32 participants in China with methamphetamine dependence between 18-65 as well as 35 age and gender matched controls. All participants were given the CogBat assessment and both groups received the standard behavior management, nutritional support, and educational support. The exercise group participated in three thirty-minute sessions for 12 weeks, which yielded no differences in age or gender (Zhang et al., 2018).

Overall, findings reported were a significant impairment on verbal learning and memory performance for the methamphetamine dependent group when compared to the healthy control (Zhang et al., 2018). The methamphetamine dependent exercise group also had higher serum CAT and MDA than the healthy controls, indicating potential oxidative stress. There was a significant exercise effect on MDA and processing speed was positively impacted. Aerobic exercise may be a helpful tool for methamphetamine users (Zhang et al., 2018).

Boileau and colleagues (2018) wanted to see if restoring dopamine levels in methamphetamine users would help prevent early relapse after a preview study showing that the striatum of chronic methamphetamine users had very low levels of dopamine. They extended the previous study by using a longitudinal assessment in acute and early post-acute withdrawal to help understand the relationship of relapse and behavioral function using brain scans. Their

findings concluded that after seven to ten days of abstinence, dysphoria, anhedonia, and fatigue dissipate and return to near-normal range; the stored dopamine may assist in this process. Also, those who have lower vesicular dopamine levels might be at heightened risk of early relapse and cognitive impairment during methamphetamine use is another potential risk of early relapse. Further studies related to the possible use of the drug, levodopa, were discussed to help individuals maintain abstinence (Boileau et al., 2018).

Volkow and colleagues (2015) completed a controlled study with repeated PET scans from 16 methamphetamine users and found that the DAT (dopamine transporters) losses recover with protracted detoxification over nine months. This research did not support previous findings that linked methamphetamine use with dopamine receptor related to an increased risk for Parkinson's, contradictory to other research (Volkow et al., 2015).

Science continues to seek ways of assisting with recovery in methamphetamine users. This discussion reviewed research related to cognitive functioning repair, dopamine levels, and how the brain continues to repair after abstinence. Not included in this discussion is a review of medication-assisted treatment for methamphetamine as there are no medications specific to this disorder and that is beyond the scope of this study.

Psychological/Mental Health Factors

Common psychological and mental health factors found in the research literature on methamphetamine misuse and mothers relate to changing identity, trauma history, hope, empowerment, and co-occurring disorders (Covington, 2008; Dyba et al., 2018). Recovering from methamphetamine also involves handling comorbid mental health concerns, such as depression, PTSD, and bipolar disorder (Dyba et al., 2018). A cross sectional analysis of parenting behavior and stress completed with 87 individuals (68 mothers and 19 fathers) from

seven outpatient clinics in Germany identified that parents continue to have a lot of hostility, depression, and psychoticism after abstinence (Dyba et al., 2018). There was 62% of the sample that remained abstinent for six months, 28% had used in the past six months and 11% had used in the past four weeks (Dyba et al., 2018).

The parents often felt guilt and lacked self-confidence in their parenting, indicating a need for extra support and interventions in treatment (Dyba et al., 2018). This could help reduce negative feelings and self-stigma often experienced in this group. Suggestions include providing interventions to help children develop resilience as well to help prevent intergenerational transmission of substance misuse. Limitations of the research include self-report bias, sample selectivity, lack of generalizability, and cross-sectional design of the study (Dyba et al., 2018).

The qualitative data that utilized descriptive stories from an online site, *KCI: antimeth,* provides a platform for users and family members. The information was coded and there were six themes related to barriers of recovery, of which there were internal and external barriers (Alexander et al., 2018). The internal barriers were conflicting thoughts related to use, inadequate self-efficacy, and withdrawal symptoms; external concerns were detaching from the drug environment, lack of good rehabilitation, and family/friends impeding recovery (Alexander et al., 2018). The data revealed multiple attempts and difficult journeys suggesting that providing online and traditional treatment interventions could be useful for those in recovery. The limitations of the data being taken from one online platform not being generalizable perhaps to other online sites were noted; however, the findings were consistent with other research on recovery barriers (Alexander et al., 2018).

Hope and Empowerment. Mathis and colleagues (2009) were intrigued by the role that hope has in substance abuse recovery and sought to build on other literature about hope beliefs

with adults in recovery that indicated hope as supporting longer abstinence. Hope has also been connected to recovery as a coping mechanism to help with stressful life events. They explored how agency (goal directed energy) and pathways (ability to create alternate routes to a goal when it becomes obstructed) are related to recovery in 90 recovery house residents who previously completed two rounds of data assessment. The sample constructed from the original study included only those who were living in the recovery house for a month or less at baseline and then stayed for eight consecutive months. The data collected utilized the addiction severity index, Form 90 timeline follow-back, and a 12-item adult dispositional hope scale. Linear regression analysis revealed that agency scores significantly predicted alcohol abstinence at baseline (Mathis et al., 2009). Hope scores predicted abstinence at the 8-month follow-up with drug use, not alcohol use, for agency scores and pathway scores (Mathis et al., 2009). Zero order correlates with hope scores and demographics identified that gender, age, race/ethnicity, marital status, religious preference, education level, employment status, length of sobriety, and length of stay at the oxford house were not significant, which supported a decreased likelihood for these factors to be related to hope and abstinence. Limitations for this study include self-report from recovery residents being sober/clean as they enter the house as well as the possible lack of residents revealing drug use due to the increased sanctions related to illicit substance use. Suggestions include paying special attention to those who have low hope as they enter recovery (Mathis et al., 2009).

A similar study by May and colleagues (2015) believed that those who have higher hope agency scores and higher self-efficacy scores would experience fewer depressive and anxiety symptoms four months later after accounting for baseline levels of hope agency, self-efficacy, and negative affect (May et al., 2015). This sample was also taken from the same sample

mentioned above from oxford home recovery residences and included participants (n=507) who completed wave eight at eight months and wave four at 12 months (May et al., 2015).

The data reviewed for this study was taken from the addiction severity index, abstinence self-efficacy scale, drug abstinence self-efficacy scale, and the global appraise of individual needs quick screen (May et al., 2015). Hierarchical linear regressions were completed to test hope, abstinence, self-efficacy, and affect, with different regression models for depressive and anxiety symptoms. Depressive symptoms were associated with length of stay, age, race, agency, and self-efficacy. Anxiety was negatively related to length of stay, age, race, agency, and self-efficacy, yet was positively associated with depressive symptoms. These findings suggest that hope and abstinence self-efficacy predict negative affect, such as anxiety/depression symptoms (May et al., 2015).

These authors suggest that professionals try increasing hope and notably agentic thinking to promote recovery (May et al., 2015). One interesting finding was that race moderated the relationship between self-efficacy and depression, and self-efficacy and anxiety. Perhaps suggesting that self-efficacy and agency could be stronger predictors of negative affect for Caucasians than for other ethnic groups, in part due to the explanation that perhaps Caucasians are less socially oriented and religious than other racial groups. The limitations were a 65% retention rate between baseline and the third wave as well as generalizability to other recovery type environments (May et al., 2015).

Psychological Empowerment has been broadly defined as a process in which individuals gain control over their lives and acquire resources to achieve their goals (Barringer et al., 2017). It has also been categorized into intrapersonal, interactional, and behavioral components; interpersonal empowerment was related to perceived control, self-efficacy, and competence

(Hunter et al., 2013). Interactional dynamics of empowerment was related to a person's understanding of potential skills needed or resources available for assistance. Lastly, behavioral factors of empowerment were defined as the actions of participation in-group activities with the community/organizations (Hunter et al., 2013).

Hunter and colleagues (2013) completed one of a few known factor analyses on a measure of psychological empowerment for women in recovery from substance use. They found that the components of psychological empowerment might not occur concurrently. But in a stepwise manner with one occurring before the other. They also found a positive relationship between self-esteem and empowerment, suggesting that providers should address self-esteem and empowerment. The WIRES (women in recovery empowerment scale) can assist clinicians to track empowerment over time and future research should expand on related empowerment factors as it relates to women in recovery (Hunter et al., 2013).

Trauma. Hunter and colleagues (2013) focused on explaining the experiences of women who have lived through and were recovering from homelessness, childhood trauma, substance abuse, and racial discrimination to help identify the key elements of the recovery process. The author identified that this study would help to fill the gap of not having the voices of those who have experienced childhood trauma despite an abundance of other childhood trauma outcomes in adult research. The research question was focused on how to address the difficulties and interference of childhood trauma and substance abuse on the homeless participants (Hunter et al., 2013).

The sample consisted of seven homeless women in California and was completed with phenomenological methodology (Hunter et al., 2013). The recruitment was completed through Moustakas' suggested four steps: interest in understanding the phenomena, ability to speak about

it in a meaningful and detailed way, willing to write their own experience, and agreement to possible publications of the findings. Participants were seven homeless women who provided a written answer to the question related to their experience of recovering from childhood trauma and addiction (Hunter et al., 2013).

The researchers analyzed the contents and then followed Giorgi's steps to analyze qualitative data (Hunter et al., 2013). Results revealed 15 thematic components pertaining to the experiences of recovering from childhood trauma and subsequent substance abuse. The themes revealing what recovery means are as follows: (a) adaptive and maladaptive coping behaviors, (b) feeling more mindful/free and finding meaning, (c) recognizing the struggles recovery involves, (d) handling setbacks, (e) difficulty of talking about past abuse which was more difficult than substance abuse recovery, (f) experiencing a higher power, (g) re-experiencing emotional pain, (h) limited trust and excessive blame in themselves and others, (i) connecting past experiences to who they have become, (j) understanding recovery is a lifelong process, (k) learning the importance of autonomy, (l) having interpersonal concerns, and (m) doubting the ability to ever overcome (Hunter et al., 2013).

Hunter and colleagues (2013) concluded that the women who were more negative about their recovery had more confusion, despair, and uncertainty about their identity and understanding of their environment and expressed more pain. Other women who were able to make meaning of their pain acknowledged that their ability to have a power greater than themselves and have the ability to express the realization of the powerlessness they had over substance use; notable, a description of spiritual glasses seemed to assist them with obtaining different views of their past experiences. The researcher offered the conclusions as being related

to Frankl's view that people need meaning or they will have an existential void (Hunter et al., 2013).

Krentzman's (2013) systemic review sought to expose where positive psychology and addiction research has intersected and revealed an increase over time. This preliminary review of the literature was broad and only included nine articles; there is much room for growth on what is known about how positive psychology and addiction studies intersect (Krentzman, 2013). The review highlighted that positive psychology character traits, such as temperance, are building research support to reduce relapse rates (Krentzman, 2013).

Of importance was the many positive psychology constructs, such as hope, flow, spirituality, gratitude, and optimism identified as gathering support and clarification in recovery research (Krentzman, 2013). The research, however, is paving the way for a wide application for the integration of positive psychology and addictions research. Krentzman (2013) calls for the expansion of the research base to include more longitudinal and experimental studies; it can be another framework to use for recovery research and should not be excluded (Krentzman, 2013).

Gender. Kelic clinics for women, the last of which closed in 1960, still influence treatment today (White, 2002). Important research by Jellnik on alcoholics excluded women's characteristic and informed what is practiced today; however, critical research began to reflect social movements and by the 1990s gender, specific treatments gathered support (White, 2002).

Gender is a crucial element for consideration in the recovery of mothers who use methamphetamine (Covington, 2008). Mothers are most often implicated as perpetrators of child abuse victims (U.S Department of Health & Human Services, 2016). Of the 702,000 verified child maltreatment victims in 2014, 68% were maltreated by their mothers (United States Department Health & Human Services, 2016). Women need gender focused services especially

considering the high amount of trauma they have experienced, which is often complex trauma (Covington, 2008).

According to Covington (2008), the primary need for women is to establish a sense of safety. This is paramount for their empowerment. There are certain characteristics that are necessary to address for successful treatment and sustained recovery to prevent relapse, such as aspects related to the self, relationships, sexuality, and spirituality (Covington, 2008). These areas represent the most significant changes women experience and, if left unaddressed, increase the risk of relapse (Covington, 2008). Treatment variables related to recovery are included in the continuum of care, as treatment completion is associated with higher reunification rates (Doab et al., 2015).

Brecht and Herbeck (2014) was interested in increasing the research literature on abstinence and relapse after individuals left treatment, as well as interested the decline, over time, that other studies have shown. This study utilized natural history data over a 60.5-month time period and used the cox regression for predictors of relapse risk factors. The sample was 350 participants and they used two interviews; the follow up interview rate was 277 (Brecht & Herbeck, 2014).

The results from the diverse sample revealed common characteristics: young age, parents with substance problems, lack of education/employment, severe mental illness, and sexual abuse before 15-years-old (Brecht & Herbeck, 2014). Of this sample, 61% had relapsed in the first year and 31% just after 30 days of leaving treatment (Brecht & Herbeck, 2014). The most significant factors from the Cox analyses identified parents that use and sell methamphetamine; also, factors that predicted a longer time to relapse were longer treatment episode and self-help participation. Results from the long-term study advise making follow up services to support recovery for the

chronic nature of the addiction extremely important after dismissal from treatment service (Brecht & Herbeck, 2014).

Methamphetamine cravings have been researched with gender as a potential moderator. Hartwell and colleagues (2016) sought to extend the research on sex differences in methamphetamine use disorder and the relationship between mood/anxiety symptoms and methamphetamine cravings. They recruited 203 non-treatment seeking methamphetamine users as participants from a pharmacotherapy trial (Hartwell et al., 2016). Through administering the methamphetamine urge questionnaire, beck depression inventory, and beck anxiety inventory, they hoped to identify how sex was a moderator of these factors. They hypothesized that women methamphetamine users would be more impacted by internalizing symptoms and show in this research that mood/anxiety would be more sternly correlated to cravings for women methamphetamine users (Hartwell et al., 2016).

Hartwell and colleagues (2016) analyzed data with means, standard deviations, and percentiles. Regression models helped to identify the interactions. The sample consisted of a majority of males (71.9%) with an average age of 35.6 years old and an unemployment rate of 57.3%. The ethnicity of the sample is as follows: Caucasian (31.1%), Latino (38.9%), Asian (4.4%), Native (2.8%), and African American (22.8%). Methamphetamine use was averaged at 20.4 days for the past 30 days; women reported a 2% higher use rate than male participants. The study findings supported the null hypothesis that internalizing symptoms were not more significant in females; it did, however, find that men were more significantly impacted by internalizing symptoms (Hartwell et al., 2016).

Identity. Identity in recovery is seen as a function of recovery (Best et al., 2016). Substance use recovery research relates identity transformation to the changing perception of self

from a substance user to non-user through a process of turning points (Doukas, 2011; Messer et al., 2016). Personality traits have consistently shown differences in methamphetamine users vs nonusers (Hojjat et al., 2016). The concept of identity does not come without a struggle. Some individuals identify as an alcoholic or addict as part of group affiliation, which can cause ambiguity about when is it ok to say one is a recovering addict (Doukas & Cullen, 2009). This concept of an identity recovery has various language components that are impacted by stigma, personal choice, and cultural views (Doukas & Cullen, 2009).

Herbeck and colleagues (2014) completed a qualitative investigation seeking to understand what helped and what hindered recovery in methamphetamine users. The sample (n=20) was taken from a previous study sample utilizing methamphetamine users and non-users. The study employed a targeted sampling strategy for a subset of previous respondents. The inclusion criteria required over 60 days of continued abstinence (Herbeck et al., 2014). The transcripts were coded, and themes identified.

The identified themes were external factors, internal factors, and effects of methamphetamine (Herbeck et al., 2014). The participants described experiencing multiple external factors that assisted with methamphetamine abstinence (drug testing, fear of losing their children, prison). Methamphetamine abstinence was more often described through the internal factors of participant experiences. The internal factors were a process of realization about the impact of their use, a shift in thinking, rebuilding relationships, learning new coping skills, and building momentum over time (Herbeck et al., 2014).

Social factors. Mothers seeking treatment are very isolated because of staying away from friends, places they frequented, and difficult family relationships (Goldberg, 2019; Silva et al., 2013). Silva and colleagues (2013) also found in their grounded theory study (n=21) that

experiences of addiction and recovery in women revealed an abrupt event as an impetus to stop using and provided an avenue toward recovery. Another grounded theory research study (n=12) conducted by Masters and Carlson (2006) found that the recovery avenue was often taken as a lesser of two evils, as the treatment provided them with less jail time or assistance in getting their children returned. The women described recovery as a process of connecting; the reconnections they experienced were varied on a continuum to interpersonal and intrapersonal components. They had supports like employment, healthcare, 12 step meeting attendance, sponsors, family, children, a higher power, and relationships with other women (Masters & Carlson, 2006). This substantive theory developed from this research was that of feeling social disconnection in addiction and social connectedness in recovery as critical factors in optimal well-being (Masters & Carlson, 2006).

Social networks. Boeri and colleagues' (2014) mixed method study surrounding sociality of methamphetamine addiction of also provided findings related to the cessation of methamphetamine use and social networks. Individuals described difficulty in stopping their use and maintaining the social relations in their old group and the need to find new networks. Relapse concerns were often related to continuing social relationships that could be triggering for their own use (Boeri et al., 2014).

According to Brown and colleagues (2015), there is a limited amount of information on the positive and negative influences of a social network on women's recovery over time. To better understand such characteristics, they completed a qualitative investigation with 17 women in recovery through focus groups. The thematic analysis concluded that there is more benefit in building skills to improve the existing social network instead of casting them entirely into a new social network. Many of the participants had little social capital and unlikely to make any

changes to their social network; however, many of the relationships are more positive than providers gave them credit for. They also recommended that providers pay attention to the experiences of grief and loss of a personal network and how that could impact individuals. It appears interventions were helpful experiences and can be summarized across three different domains, such as intrapersonal states, recovery maintenance, and personal network management. A suggestion for further research identified the investigation of other types of social network interventions for women (Brown et al., 2015).

Goldberg and colleagues (2019) completed a secondary analysis from the Women's Initiative Supporting Health (WISH) intervention study to determine how family systems can impact substance misuse recovery motivation. The original sample included in the analysis (n=15) was women 18 years and older with chronic medical conditions; all the participants had either Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV) or Hepatitis C Virus (HCV). Demographic and trauma measures were collected at baseline in the original sample. The intervention consisted of six sessions, which were manualized and done biweekly for one hour. Participants received bus passes and gift cards for participating. The intervention addressed physical health, mental health, substance use, and safety from interpersonal violence. Fidelity to the intervention was addressed with training and ongoing supervision (Goldberg et al., 2019). The analysis was carried out in a team and consensus reached; coding was done according to three needs related to the theoretical frame, which were related to themes of autonomy, competence, and relatedness. Coding continued with the family utterance content and related to supporting or thwarting of those previous overarching "needs" themes. The next step after coding was to identify behavior change concepts; these concepts

were relating to maintaining physical health, mental health, family relationships, sobriety, parenting, overcoming trauma, and emotional self-regulation (Goldberg et al., 2019).

The women were challenged by balancing individual needs against the needs of family (Goldberg et al., 2019). The women sought to improve themselves and their families. Children were identified as an aid in the recovery process and improving relatedness satisfaction. The women reported feeling overwhelmed by children's needs, which is a call to increase supports available to assist them. Emotional regulation was impacted with guilt feelings and consistent with other research, many of the women experienced childhood family trauma with having all experienced interpersonal violence. This research concluded that current family support was an important factor in the success of women's recovery. Future research suggestions included identifying characteristics associated with drug court completion (Goldberg et al., 2019).

Khouja and Corrigan (2017) attempted to expand the four-stage stigma model from public to self-stigma using a sample from a general population taken from mTurks. The sample size was 366, of which 218 were placed in a motivational interviewing (MI) group and 69 were placed in a MI & substance use disorder (SUD) group. By using identity as a moderator, the four-step regression analysis found that positive group membership could be a buffer against self-stigma; this did not hold true for the participants who had co-occurring disorders. This study had the limitation of low effect sizes. Follow up research was recommended to do replication as well as research on interventions for positive identity, such as honest, open, and proud (Khouja & Corrigan, 2017).

Social identity. A theoretical model of change is that of social identity; this predominant approach boasts that recovery is a positive social identity change (Fomiatti et al., 2017). Best and colleagues (2016) proposed to provide research in support of social identity change to promote

therapeutic communities (TC). The data for analysis was from an Australian multi-site prospective cohort study utilizing quantitative assessment at two 6 and 12 month follow up from therapeutic community (TC) clients (n=308). The sample consisted of 67.9% males, 31.8% females, and .3% other. The Primary substance of concern was amphetamine type stimulants (38%), alcohol (33.1%), heroin (17.2%), and cannabis (5.2%). Additional data collection also included quantitative analysis of repeated assessments that measured staff experiences and attitudes as well as qualitative interviews with a sub-sample of residents chosen from the main study (Best et al., 2016).

The aim of this longitudinal research was to understand what factors help support success in the TC, especially those of social identity change and social network (Best et al., 2016). The conceptual framework was derived from social identity theory. The claims from this theory state that a sense of self is obtained from the groups that individual belongs to, which then in turn impacts psychological wellbeing (for better or worse); this premise has been adapted to a social identity model of recovery (SIMOR). The individual leaves the normed behaviors of the previous using group identity to that of a recovery group member, resulting in their recovery identity (Best et al., 2016).

Mawson and colleagues (2015) provided further support for the social identity model in young adults. This research began with three hypotheses: (a) hypothesis one alleged that lower substance use by groups in the individuals social network are associated with higher recovery capital and quality of life, (b) hypothesis two proposed that higher identification with non-using groups in the individual's social network would be associated with higher recovery capital and quality of life, (c) hypothesis three purported that higher identification with groups engaged in

problematic substance use are associated with lower recovery capital and quality of life (Mawson et al., 2015).

The sample for this study was recruited from treatment centers in Melbourne, Australia and included 15 males and five females aged 18-21 years old who did not have psychosis or significant emotional or cognitive impairment (Mawson et al., 2015). Data was collected from demographic forms, WHO alcohol, smoking and substance involvement screening test, assessment of recovery capital scale, WHO-quality of life brief, social identity map, and Exeter identity transition scales. The analysis used descriptive statistics (demographic data), correlational, and cross-sectional design with power analyses (Mawson et al., 2015).

Results indicated that unemployment was a factor in the entire sample, and that ten participants lived with family while the remainder stayed with friends, their own home, or was homelessness (Mawson et al., 2015). The participants had been in treatment on average for 19 days with the most frequent substances used as alcohol, cannabis, and amphetamines (Mawson et al., 2015). Social networks reported as being family, extended family, partners, friends, substance using friends, support services, and recovery friends, with all participants indicating they belonged to at least one social group. Of the sample 19, were members of two to three groups and 15 members of four or more groups; the groups that were rated as more important were non-using groups (Mawson et al., 2015).

The first hypothesis was somewhat supported, as the group with less substance use was associated with higher recovery capital, but not quality of life (Mawson et al., 2015). There were medium to large effect sizes for higher recovery capital in group members who engaged in lower levels of substance use. The second hypothesis was also supported; increased identification with non-using groups was associated with higher recovery capital and increased environmental

quality of life. Environmental quality of life factors included safe accommodations, safe environment, income, transportation, and leisure opportunities. Half of the variance in social recovery capital was accounted for by environmental quality of life. The third hypothesis of higher using groups being related to lower recovery capital and quality of life was not supported (Mawson et al., 2015).

Suggestions for the research findings identify a possible shift in social networks as a parallel process in which one relates to non-using groups instead of a quid pro quo reduction in using network participation (Mawson et al., 2015). This research did report issues related to multi-collinearity of social identification, which supported further exploration of identification, preference, and the importance of social group constructs. Other findings suggested that recovery capital might take longer, perhaps up to five years, in young adults who have less personal, social, and total recovery. Limitations of this study include a small sample size and cross-sectional design. Suggestions for recovery identify growth to help increase the availability of opportunities to increase non-using supports and environmental quality of life (Mawson et al., 2015).

Social recovery capital. Evans and colleagues (2014) focused on perceived neighborhood characteristics and successful outcomes in mothers ten years post treatment, citing that much of the research has focused on personal factors, such as individual risk factors and system involvement success. They defined recovery capital as a personal and social resource to help start or continue recovery. Their hypotheses were: what were the personal factors related to positive outcomes, is perceived neighborhood safety related to successful outcomes, and how does that perceived level impact outcomes differ from recovery capital. There was a targeted

sample of 1,000 women taken from a previous study who was asked to participate in a telephone interview, of which the final sample size was 713 (Evans et al., 2014).

Sample characteristics indicated that 43% of the sample identified methamphetamine as their primary substance of use (Evans et al., 2014). There were approximately 20% that had not received a high school education, 14.6% working full or part-time, and 39.3% were utilizing government assistance. The study participants identified that they had experienced homelessness, medical problems, mental health concerns, and criminal justice involvement (Evans et al., 2014).

The dependent variable was a successful outcome, which was defined as no use of any illicit substance and not being involved in the criminal justice system for the past 30 days prior to the telephone interview (Evans et al., 2014). The independent variable was the perception of neighborhood safety. This was assessed at the ten years follow up focusing on how participants felt in relation to neighborhood safety (muggings, burglaries, assaults, drug use) as: how do you feel about your neighborhood, how often are there muggings, burglaries, assaults, or anything else like that around there, how satisfied with police protection are you, how much of a problem is drug use and selling around here. The moderator of interest was recovery capital, which was indicated by the satisfaction with community resources and neighborhood social involvement constructs. Analysis included t-tests on continuous measures, chi-square on categorical measures, and logistic regression models esteemed associations (Evans et al., 2014).

Results of the analysis revealed that 56.3% of the mothers from the sample had the required successful outcomes as defined by the 30 days of no use or criminal justice involvement (Evans et al., 2014) Most importantly, the individual level characteristics and perceived neighborhood safety almost doubled the odds of success, however, the greater perceived

neighborhood safety decreased the odds of success for mothers who reported less social involvement (Evans et al., 2014).

Exploration from additional analyses revealed that for those who were unsuccessful, 90.5% had used drugs in the 30 days prior to the follow up with 17% being in the criminal justice system (Evans et al., 2014). The researchers also shared that those who entered treatment while pregnant increased the odds of success and urged an increased focus on addressing substance use and dependence disorders among this population. Specialized treatment for women was also associated with better long-term outcomes. This study had many strengths due to its longitudinal prospective study design as well as a large and ethnically diverse sample. Further support and exploration of other factors related to neighborhood safety would be beneficial (Evans et al., 2014).

Part IV: Peer Support/Recovery Groups

The recovery continuum has experienced continual growth and many specialty groups have been created to meet specific needs. This final section of the literature review discussion is exploring the intersection of peer groups in recovery. Exploring research related to peer groups assists in illuminating what is known and how it relates to the final research question. This limited discussion focuses on the helper therapy principle and peer support; if one desires a more thorough understanding it is suggested to read *Recovery Rising* (2017) written by William White.

Helper Therapy Principle

A common element of recovery groups is the principle of helping others with similar struggles. Riessman (1965) coined this as the helper therapy principle. This principle has also been rooted in the wounded healer tradition, which began in academia in the 1960s. The tenets of

this helper therapy principle are that through identification and when reaching out to help others, the helper gets better and perhaps even more than the one being helped (Riessman, 1965).

This principle alleges that by helping others, there is a self-persuasion through persuading and influencing others (Riessman, 1965). These non-professionals are more often former delinquents, recovering from substance misuse, and from a lower socioeconomic status (Riessman, 1965). This creates for less social distance between the two individuals, as is not always the case with a professional (Riessman, 1965). Benefits to the helper involved could be increased health, sense of purpose, and self-worth (Pagano et al., 2011; Riessman, 1965).

This principle has permeated multiple recovery-based groups, such as the Oxford house (Pagano et al., 2011). There is some research support for the efficacy of peer helpers in multiple formats for those struggling with addiction (Pagano et al., 2011; Tracy & Wallace, 2016; White, 2010). Peer helpers are also part of a large movement in the United States as continued support for their effectiveness gathers (Tobias et al., 2010). The empowerment of the helper is often related to a recovery-oriented approach growth (White, 2010). Another result of the helper principle is that of posttraumatic growth (PTG), which has been defined as psychological growth after the result of experiencing some adversity. There are five categories connected to PTG, which are relating to others, new possibilities, personal strength, spiritual change, and appreciation of life (Tobias et al., 2010).

Peer Supports

Peer supports in professional treatment settings was common in the 1960s and diminished as the field grew in developing counseling expertise (White, 2017). Substance use disorder treatment has shifted again and stepped back towards its roots to enhance outcomes by using peer supports. Treatment that includes peer support is not a standard for formal treatment

services, however, the field is growing (White, 2017). A consumer model and the recovery growth shifting power from the dominant pathology view of substance misuse has spurred change, making the utilization of peers more common in formalized settings (Tracy & Wallace, 2016; White, 2017). Defining peer support can be a troublesome task due to the expansion of support services with peers (Tracy & Wallace, 2016). For this discussion, the definition of a peer support group is where people in recovery voluntarily gather to receive support and provide support by sharing knowledge, experiences, coping strategies, and offering understanding (Tracy & Wallace, 2016). Peer support is defined as giving and receiving nonprofessional/nonclinical assistance to and from individuals with similar circumstances to support recovering from the impact of those challenges (Tracy & Wallace, 2016).

The existing research on peers in treatment is limited (Green et al., 2013; Tracy & Wallace, 2016). Green and colleagues (2013) wanted to develop and evaluate a strength-based group intervention led by peer counselors and professional counselors for those with mental health concerns. There were five cohorts for this study: a pilot study, two small, randomized control trial groups, and two others with pre- and post-designs to understand how length of time impacts outcomes for the group. The group leaders provided participants with the Pathways to Recovery workbook and met two hours a week for six weeks, except in the last two cohorts where they just extended the materials. The total number of group participants was 82 (27 men and 55 women); group structure consisted of a trained professional counselor and two peer supports trained in the curriculum (Green et al., 2013).

There were mixed methods data collection and detailed analysis by cohort variations (Green et al., 2013). The findings suggest that recovery focused group interventions helped to facilitate recovery and were well accepted with having a peer support as a group leader. The

duration of the group being longer was supported by the data, as it helped provide attendance variations by group members. This group format can be a cost-effective means to help promote recovery in individuals with mental health diagnosis (Green et al., 2013).

The continuum of substance use recovery has contributed to an expansion of options for those who are seeking to remain abstinent and/or reduce the harm of substances in their lives (Tracy & Wallace, 2016; White, 2017). Recovery support centers, recovery support groups for women, twelve steps, and faith-based groups are examples of recovery supports (White, 2007; White 2017). Services, such as recovery community centers, are a bridge between treatment and recovery (White, 2017). The goal of this type of support has been noted as building social capital and aligning with the individual/family support models and cultural renewal; the limited outcome studies is reflected in the literature (Tracy & Wallace, 2016; White, 2017).

A recent systemic review of the literature on the outcomes on peer supports, that included ten research articles, provided positive information on outcomes (Tracy & Wallace, 2016). This review concluded that five areas were promising for positive outcomes: substance use, treatment engagement, HIV/HCV risk behaviors, and secondary substance-related behaviors, such as craving & self-efficacy. Those who received peer support had an increased abstinence, less relapse, and, for those in child welfare, there were higher rates of reunification. Those that provide peer support are more engaged in the recovery process as well (Tracy & Wallace, 2016).

Recovery Groups

The Washingtonian Society provided one of the earliest foundations for recovery (White, 2017). This organization also created other groups, such as the Martha Washington Society for women and teens. Their philosophical principles fostered growth and spawned organizations such as, Alcoholics Anonymous (AA; White, 2017).

Twelve-step groups that are the most known are primarily those of AA and Narcotics Anonymous (NA); however, multiple 12-step groups, secular and religious continue to develop (Fukui et al., 2010). The AA model provides normative behavior on how to recover using social control (Fukui et al., 2010). Efficacy of this model seems to be related to the positive impact from changing individual behaviors and social context and are more likely to recover.

In another study on the pathway to recovery model, this time led by peer supports there was a positive impact (Fukui et al., 2010). There were 47 participants of which 30% dropped out or moved; participation attendance was 60% across the 12 sessions. There were no significant differences in those that dropped out versus those that remained in the group. The results of this research indicated that there was a positive impact on self-esteem, self-efficacy, social support, spiritual well-being, and psychiatry symptoms. The pathway to recovery model seeks to provide individuals with guidance to set and achieve recovery goals of which pave the way to hope (Fukui et al., 2010).

Very little research exits on parent mentor programs for those involved in child welfare in spite of them being around for some time (Fukui et al., 2010). Qualitative studies show that parents need support in navigating the system. Enano and colleagues (2017) sought to evaluate parent in partner membership location and participation on reunification outcomes citing, but only a few preliminary studies in the research literature have had supportive findings in reunification on peer mentor programs, none of which investigated desistance from use (Enano et al., 2017).

The research questions focused on distance to a parent orientation and outcome of participating in the orientation on reunification (Enano et al., 2017). A non-equivalent control group designed to a sample of 98 parent orientation participants (49 attenders and 49 matched

non-attenders) used multivariate analysis. Data collection was completed through the review of case files; the final sample for analysis was 72, as the rest of the sample was not deemed a closed case. Results indicated that distance was related to participation but not reunification (Enano et al., 2017).

Participation in the orientation, as related to the second research question, revealed that parents who participated in the orientation were five times more likely to have achieved reunification (Enano et al., 2017). This was consistent with other peer mentor type research studies. Study limitations include parents who participate that might have more motivation to reunite, lack of ability to know what "dosage" of services the parents had after the orientation from the Partents in Partnership (PIP) program, and small sample size (Enano et al., 2017). Future research is needed with randomized service participation on larger samples, which could assit with having a better understanding on outcomes for these types of services (Enano et al., 2017).

Gender Based Groups

Substance treatment helped to spur recovery specific for women, as many needs arose that were inadequately addressed in the professional realm (Enano et al., 2017; White, 2017). These unmet needs formed various groups, such as peer mentoring, parent education, childcare co-ops, education services, coaching, and trauma support (Enano et al., 2017; White, 2017). There are women-only support groups, such as the Washington Society, Kasl 16-step group, ladies on the move, and women for sobriety; these specific groups help to provide a "Sanctuary of mutual identification and support for individuals estranged from community life…a venue through which stigmatized populations can address their shared experience and unique obstacles

to recovery…" (White, 2017 p. 42). These groups can shift in focus as a response to meet the needs of specific groups of individuals (White, 2017).

Recovery support for women has evolved since the 1840s *Martha Washington Society* (White, 2017). In the early beginnings, women were mostly integrated into groups for wives or mothers until the 1940s when a women's AA meeting began (White, 2017). Mutuality and empathy empower women, not power over others (Covington, 1998). Mutual empathic relationships foster growth and increase vitality, zest, action, knowledge of self and others, desire for more connection, and self-worth (Covington, 1998).

The focus on empowering women in recovery was a life purpose of the deceased Dr. Jean Kirkpatrick and founder of the Women for Sobriety, which began in 1975 (White, 2017). A recovering alcoholic, named Kirkpatrick, did not use the traditional AA approach, however, she was also a sociologist, educator, and writer. The group was grounded in the transcendental thinking of Ralph Waldo Emerson and Unity Movement of New thought. Dr. Kirkpatrick used meditation, introspection, and experiential activities to assist and build this recovery group (White, 2017).

The Women for Sobriety group exists today and is a cognitive based program (Fenner & Gifford, 2012; White, 2017). One underlying belief in this program is that the fundamental problem of women alcoholics was that of low self-esteem; the original focus for this *New Life* program was that of alcoholism, however, it has expanded to include other substances and food (Fenner & Gifford, 2012). This positive program seeks to empower women to be active, growth-oriented, and self-responsible (Fenner & Gifford, 2012). There are 13 statements of acceptance that are categorized as follows: acceptance, cleaning house, new thinking, new attitudes, new relationships, and a new self (Fenner & Gifford, 2012. Women are depicted as having the ability

to break the hold that addiction has over them (Fenner & Gifford, 2012). They have meetings for support, however, there are no slogans like in AA or NA and introspection, insight, and problem solving are encouraged (Fenner & Gifford, 2012). They have members who support each other but do not hold to the view of a sponsor as that is said to create dependency (Fenner & Gifford, 2012).

The current database for the women includes over 100,000 women with the main method of contact being via email (Fenner & Gifford, 2012). The continuation of this program has been well supported. A comparison of how the group was in 1991 (n=600) and 2011 (n=617) using survey data comparison was completed. The results indicated that 80% of women in the 2011 shared the benefit of the program as positive thinking and letting go of the past, 87% said that the emphasis on self-empowerment, 77% cited the women-only approach, and 75% benefited from the promotion of emotional and spiritual growth; 74% of participants indicated that they could apply the program to life in general and recovery (Fenner & Gifford, 2012).

This section of the discussion has provided a more specific view of how peer support and recovery groups have evolved. It provided a review of current research and a framework for peer supports through the helper therapy principle. Recovery peer supports are helping to increase achieving abstinence and assisting individuals to overcome barriers that threaten the recovery process.

Chapter Summary

This review provided an in-depth exploration of the research literature as it pertains to methamphetamine use disorders in women/mothers. Exploration of elements related to addiction, child welfare involvement, recovery, and recovery group memberships provided a foundation for the current study. Various models of addiction, recovery, and peer support provided a limited

discussion on the complex matters to undergird the proposed research study. The involvement of child welfare provided an increase in complexity and, as a result of this review, the complexity of this topic is quite evidenced in the vast heterogeneity found in methamphetamine use disorders and its recovery.

Methamphetamine use in mothers continues to increase and have a negative impact on families (Carbone-Lopez et al., 2012; Copes et al., 2016). The extensive challenges mothers face to overcome this addiction is met with inadequate support, poorly understood dynamics, and demonizing stigma, which diminishes recovery efforts (Alexander et al.,2018; Bathish et al., 2017; Cunningham & Finlay, 2013; Edwards et al., 2017; Singer, 2016; Vandermause, 2012; White, 2017). Addressing addiction in mothers has been neglected or disjointed with inadequate theory. There is little empirical research addressing use patterns, onset, initiation, access, relapse, or recovery factors (Alexander et al., 2018; Cunningham and Finlay, 2013; Vandermause, 2012). Focusing on methamphetamine use in mothers, from a holistic biopsychosocial theoretical lens, provided an avenue of opportunity to address such contextualized concerns, previously ignored in male focused research (Covington, 1998). This holistic neglect of understanding silences the voices of those mothers who experience methamphetamine use disorders, keeping them marginalized (Copes et al., 2016; Ibbotson, 2015). Qualitative methods provide the best opportunity to illuminate the contextual complexities of experiences in these marginalized women and are the focus of discussion in the next chapter (Bloomberg & Volpe, 2016).

CHAPTER THREE: METHODS

The methods for this research study are derived from a qualitative tradition in order to provide an in-depth understanding of context, circumstance, and meaning structures of addiction, recovery, child welfare involvement, and membership in the Moms off Meth group (Bloomberg & Volpe, 2016). More specifically, the methodological design is derived from heuristic inquiry. A discussion of the research design, rationale for such a design, setting, sample, data collection, data analysis, selection of participants, and ethical considerations are included in this section.

The purpose of this study is to reveal the lived experiences of the Moms off Meth group members as it relates to their experience of addiction, child welfare, recovery, and participation within the group. The hope is to allow these women to have a voice, decrease stigma, and help fill gaps in the current research literature about their complex experiences. Benefits to the counseling field include increased understanding of methamphetamine addiction in mothers, client needs, recovery efforts, and advocacy opportunities.

Research Questions

1. What were the experiences of methamphetamine addiction for the Moms off Meth group members?
2. What were the experiences of being involved with child welfare for the Moms off meth group?
3. What were the experiences of recovery for the Moms off meth group members?
4. What were the experiences of being a Moms off Meth group member?

Research Design

Qualitative research is based on philosophical assumptions of an ontological, epistemological, axiological, rhetorical, and methodological nature that complements

quantitative research (Lewis, 2015; McLeod, 2011). The major assumptions are grounded in the reality being subjective, the researcher being immersed in the phenomena, the identification of biases and values about a phenomenon, writing being narrative, the inductive logic, and an emergent design (Lewis, 2015; McLeod, 2011). The purpose of qualitative research can be summarized as providing knowledge of how the social world is constructed (McLeod, 2011). The process of qualitative research includes describing, interpreting, persuading, and committing to social justice (McLeod, 2011). The choice for a specific qualitative approach is accomplished as a researcher focuses on how to study the phenomena of interest (Creswall et al., 2007; Lewis, 2015).

One of the key methods of qualitative research is phenomenology and the tradition from which this research study flows (Creswall et al., 2007; Sultan, 2018). Phenomenology seeks to identify the essence of a phenomenon as participants describe it through everyday lived experiences (Moustakas, 1994; Wertz et al., 2011). Phenomenology does not seek causality and acknowledges that a complete description of a phenomena is unobtainable as experiences are not static (Vagle, 2016; Van der Zalm & Bergum, 2000). Using a phenomenological method provides an opportunity for an open, dialogic, and transformative understanding of phenomena (McLeod, 2011; Van der Zalm & Bergum, 2000).

Most phenomenological methods keep the researcher separated from the topic, however, a couple of popular methods in counseling research seek to include the experience of the researcher as an important aspect of the research (McLeod, 2011). This current study is fashioned around one such approach. This study used a heuristic approach that validates subjectivity, immediacy, and the humanity of the researcher throughout the research process (Moustakas, 1990; Sultan, 2018).

Heuristic Phenomenology Rationale

This discussion provides an understanding and rationale for the use of heuristic phenomenology. Clark Moustakas is noted as the originator of this methodology and is connected to a Husserlian philosophical tradition, which was not expanded on in this discussion due to such a limited research scope (McLeod, 2011; Sultan, 2018). Heuristic research is grounded on the belief that the personal experience (meaning) of the researcher provides an enhanced understanding of the research topic as compared to other methods of phenomenology (McLeod, 2011; Sultan, 2018). It begins with seeking an answer to a personal challenge (Moustakas, 1990). Heuristic phenomenology values giving voice to individual experiences, eclectic use of data sources, tacit knowledge, intuition, and discovery (McLeod, 2011; Riessman, 1993; Sultan, 2018). Those values align well with the research questions and purpose for this research, as evidenced in the first section of this proposal.

Heuristic Inquiry

Heuristic inquiry, as described by Moustakas (1990), has specific phases during the research process. The first stage is the initial engagement where the researcher is seeking clarity for a personal experience (Moustakas, 1990). The second phase is the immersion phase where the researcher is advised to fully engage with the experience (Moustakas, 1990). The incubation phase is next and includes a retreat from such an intense focus. The next phase of illumination is defined by a change in perception of the experience during the incubation retreat, with the final two phases as explication and creative synthesis (Moustakas, 1990). These final phases occur through examination of what has occurred during the research process and then weaving those new understandings into a coherent whole (Kenny, 2012 Moustakas, 1990).

Setting and Sample

The following discussion provides information specific to the research setting and sample and elucidates the parameters of this proposal. Qualitative research provides for as natural of a setting as possible. However, even in naturalistic research, there are specific details one needs to plan for, such as safety, physical location, privacy, and comfortability (Josselson, 2103).

Setting

The setting for this study was in an as naturalistic environment as possible in alignment with heuristic inquiry to assist in establishing trust and building rapport with each research participant. The primary focus for the physical location was on finding the most comfortable and safe place for the participant and interviewer. The interviewer was cognizant of wearing casual clothing to help facilitate comfort for the interviewee (Neale et al., 2005). To handle any safety concerns a fellow colleague was provided with the general location of the interview and contacted right before the interview commenced. Upon interview completion, a final check in with the colleague confirmed my safety status (Neale et al., 2005).

Selection of Participants

This research used purposeful sampling, which is a rigorous sampling method for qualitative methodology (Marshall, 1996). Participants were found through networking. The networking began with a telephone call to the existing Moms off Meth group members using snowball sampling techniques. Then phone calls extended to previous Moms off Meth group facilitators identified through contacting former co-founder of the Moms off Meth group. Potential participants were contacted through various modalities, such as telephone, email, social media recruiting, and word of mouth. Participants were included in the research if they had ever met the DSM-5 (APA, 2013) criteria for a stimulant use disorder, amphetamine-type, and had

participated in the Moms off Meth group. Even though heuristic research does not define sample size, bricolage is recommended by Sultan (2018) when called upon in formal studies. Therefore, this heuristic inquiry borrowed from the grounded theory tradition of data saturation (Sultan, 2018). These sampling strategies were considered satisfied when the researcher reached data saturation and after five interviews were completed. To help support the credibility and confirmability of the study, information was documented in the field research journal and included how participants were found. There were no refusals to participate, withdrawals of participation, abrupt endings during the interview, or any potential ethical dilemmas (Sultan, 2018).

Data Collection and Analysis

Phenomenological data collection is often achieved through in-depth interviews that adhere to ethical standards, such as, informed consent and confidentiality (McLeod, 2011; Moustakas, 1990). The interviews in this research study were utilized with recorded through audio/video technology and then transcribed in preparation for the data analysis and ethical treatment of participants. Data analysis in heuristic phenomenology can be multifaceted (Moustakas, 1990). The data analysis was completed by reviewing the interview transcripts and field journal notes for each participant interview. The researcher was immersed in the data. The following discussion expands on how those concepts are addressed throughout the process of data collection and analyses using artifacts, anonymous survey data, newspaper articles, emails, media clips, and other creative elements provided by participants.

Background and Demographic Information

Artifacts, such as anonymous survey data, newspaper articles, and media clips about the Moms off Meth group, were utilized to elucidate contextual and demographic information and assist in the immersion, triangulation, and analysis phase. The use of artifacts was also recorded in the field research journal. There were greater than 80 anonymous surveys collected at the Moms off Meth conference in 2009. These surveys utilize closed and open-ended questions that provided information on general demographics, substance abuse, child abuse, adult relationship/domestic violence, mental health, criminal history, child welfare involvement, and social support information (see Appendix A). This anonymous survey data, which provides background information on the group, was entered into an electronic database file and the surveys remain securely stored in the possession of this researcher. Current study participants completed a basic demographic form (Appendix D) and chose their own pseudo name (Sultan, 2018). This survey and demographic data was used for individual, composite analysis, and data triangulation.

In-depth Interviews

Interviews are often the primary method of data collection in phenomenology research (Matua & Van der Wal, 2015). Heuristic phenomenology is an open-ended process that often unfolds and does not specify interview time; the ideal standard provides for a natural closing to occur (Matua & Van der Wal, 2015). In support of ethical research standards and study completion, interviews were completed within a 60-120-minute time frame, allowing for a natural closing to occur. A sample semi-structured interview guide was provided to all participants prior to the interview. As Sultan (2018) recommends, even with a set of standard

questions, flexibility was respected during the interview process to maintain heuristic inquiry alignment.

An interview protocol checklist provided guidance during the interview process and followed for each interview. This protocol checklist includes items, such as choice of site location, informed consent, technology information, and potential referral sources. In-depth interviews were recorded with multiple audio and video devices. The use of multiple devices provided backup assistance to guard against potential technology failures. The field research journal was utilized to record pertinent data related to the interview protocol or experience.

Upon the termination of the interview, participants were thanked, and the follow-up member checking process was completed after the composite depictions were completed. A reflexive analysis process commenced in which the researcher listened to the audio and video interview two times. During this process, notes were taken in the field research journal. A verbatim transcription was completed with the use of a transcriptionist or the researcher. After the verbatim transcriptions were completed, the researcher read it, in its entirety, and reviewed the field notes from the journal. The individual interview data was then be put aside for two days. Then another review of the audio/video interview, field research journal notes, and verbatim transcript occurred to assist in completing an individual depiction for that participant.

For heuristic inquiry, this process is holistic, it does not use a line-by-line coding process like that of grounded theory (Sultan, 2018). The same protocol process commenced with each interview, securing an individual depiction for each participant until reaching data saturation. After completion of the individual depictions, all participant themes were reviewed for the composite depiction.

The composite depiction provides a representation for all the core themes, as experienced by the individuals and group. At reaching such a depiction, this researcher used member checking from participants to ensure the credibility of the data. Finally, one participant depiction was chosen that represent the group as a whole. As recommended by Moustakas (1990), this is considered the exemplary depiction and provides a narrative that reveals the phenomena and individual in a unified manner.

This final aspect of analysis in heuristic inquiry is described as a creative synthesis, which provides the inclusion of the researcher's knowledge of the experience and other depictions (Moustakas, 1990; Sultan, 2018). It can be done through metaphor, artwork, poetry, narrative, or perhaps even music (Moustakas, 1990). This provides an illumination of the essence of the experience (Moustakas, 1990; Sultan, 2018).

Trustworthiness

Trustworthiness of this study was evidenced by establishing credibility, transferability, dependability, and confirmability. The trustworthiness of a qualitative study is established through methods that uphold its rigor (Sultan, 2019). The methods employed by this study that support trustworthiness are triangulation, member checking, thick description, and reflexive journaling.

Triangulation involves the use of multiple forms of data and perspectives to support the findings and uphold credibility, transferability, dependability, and confirmability in qualitative research (Fusch & Ness, 2015; Sultan, 2018). This study provides triangulation through the archival anonymous survey data and current survey data. An example of the survey instrument is attached to this proposal as Appendix A. These surveys are not of the norm, as they were

incorporated as basic background data when the Moms off Meth group began to understand the group participants.

Trustworthiness of the data is also achieved through member checking, thick description, and reflexivity in the field research journals. Member checking involves ongoing relational collaboration with co-researchers to provide authenticity, accuracy of findings, and meaning making from the data (Morrow, 2007; Sultan, 2018). Member checking was completed with participants upon completion of the individual and composite depictions. Providing further confirmation for the credibility and confirmability of the study. Thick descriptions provide for clear communication of the research process findings and assist in establishing credibility, transferability, dependability, and confirmability (Morrow, 2007; Sultan, 2018). Seeking data saturation helps to support the validity of the data and thick description (Fusch & Ness, 2015). Reflexivity in qualitative research provides for credibility, dependability, and confirmability. The field journal offered opportunity for the reflexivity process throughout this study. This allowed for an exploration of this researcher's values, beliefs, attitudes, perspectives, and biases. It also provides support for the integrity of the data (McLeod, 2011; Morrow, 2007; Sultan, 2018; Yin, 2015).

Ethical Implications

This discussion outlines the parameters to ensure ethical research. This includes information related to agreement for participation, informed consent, debriefing, referral to services, confidentiality, and IRB approval. It is imperative to have a plan for potential harm that could result from research participation. Permission from Liberty University's IRB was obtained before any data collection commenced.

Agreement to Participate and Informed Consent

Initial agreement to participate was verbal and an interview arranged. At the interview meeting, a verification form for participation was signed (see Appendix B). Then, the informed consent process began and signed (see Appendix C). Participants were made aware of the purpose of the research, risks of harm, confidentiality/anonymity, and community resources if they needed further support. Participants were informed that they may stop the research participation at any time during the interview and before data analysis completed. The informed consent process provided information on how their anonymity and confidentiality is maintained. This research study used pseudonyms to ensure participants anonymity/confidentiality.

Referral, Adverse Reactions, and Debriefing

The content of the data contained information on past traumatic experiences and, therefore, a referral document specific to the interviewee's community and online resources was provided as part of the interview protocol. Participants were reminded at the beginning of the interview that if at any time they were overwhelmed with emotional concerns that they could stop the interview, however, no adverse events occurred. Attention was also given to any non-verbal cues of distress with each participant. Upon the conclusion of the interview, participants were debriefed to assess any concerns and reminded to contact community resources if any distress surfaced from the interview.

IRB Approval

IRB approval through Liberty University was obtained. The process of IRB approval consisted of an application and approval process after the research proposal was defended and accepted by the researcher's faculty committee. The approval process also included providing samples of the informed consent, participation agreement, recruiting messages, debriefing

information, and relevant information to reduce the potential for harm. The IRB approval process also provided for ensuring proper data storage would occur and that participants were made aware of how such processes. That the research data are being kept safe and confidential for three years until it can be destroyed. Also, special note should be made that a sample of the anonymous survey is included in the appendix for supportive evidence, as suggested by the IRB, to ensure that they are not correctly categorized as a part of the research.

Role of the Researcher

This researcher has previously participated in Moms off Meth as a member and facilitator. The most recent participation experience in the Moms off Meth group occurred in 2012, when I presented on the topic of forgiveness at the last Moms off Meth conference in Iowa. The group in the local area of northwest Iowa disbanded before the conference. The past relationships that were established with the Moms off Meth group members pertain to the women in that local group. This group has not been in existence since 2011. It is also rare and random for me to see a former group member in public and if seen, acknowledgement is made, and I act accordingly. However, I haven't seen a former group member in over a year, other than one or two group facilitators. Women from the other Moms off Meth groups are unknown to me other than a brief introduction. To my knowledge, there is only one Moms off Meth group still running and there has only been confirmation of the existence of that group.

My previous roles in the Moms off Meth group may perhaps assist in obtaining participants for the study. This marginalized group of women may feel safer disclosing due to my former participation. This does not mean that consideration for potential concerns was forgotten. Potential concerns relate to negative feelings resurfacing, such as guilt, shame, or disappointment. These negative feelings might be increased if I was perceived as an authority or

someone to please. However, three things provided support that these concerns are limited. The first one is that I have spoken at another peer organization and just in mentioning the name Moms off Meth, former women cheered. The second reason relates to the few random contacts, where there were comfortable interactions that felt warm and genuine. The final one relates back to the philosophy of the Moms off Meth group, which was support for each other, accountability, and speaking up about recovery. The passion that existed is in part related to the passion that the provided me with answers to those previously collected anonymous surveys. As a part of due diligence, I asked any potential participants if my previous roles created a difficulty for them.

Chapter Summary

This section has provided a detailed view of the research methods for the current study and includes information related to the research purpose, research questions of focus, and rationale for using a heuristic methodology. This section also provided background information related to the research methodology and included consideration of safety, ethical research, and interview protocol. The techniques of data collection and analysis for the current study provides a road map and elucidate the sampling techniques, archival data, trustworthiness, and analysis protocol process. The data analysis and the findings are revealed in the next chapter.

CHAPTER FOUR: RESULTS

This chapter provides an analysis of the data from participant interviews, field notes, and archival data. This section begins with a brief rationale and description of heuristic inquiry and its qualitative process for analysis. Then sampling, data collection, and interview parameters are shared. The bulk of this chapter provides the results from the interviews with individual depictions. Next, there is a composite depiction, which is unique in the use of data triangulation from archival data. The final aspect of this discussion is an exemplary depiction to answer the research questions: (a) *what were the experiences of methamphetamine addiction for the Moms off Meth group members,* (b) *what were the experiences of being involved with child welfare for the Moms off Meth group members,* (c) *what were the experiences of recovery for the Moms off Meth group members,* (d) *and what were the experiences of being a Moms off Meth group member?*

Nature of the Study

The data for this study resulted from following a qualitative tradition using the phenomenological approach of heuristic inquiry. Using a phenomenological method provides an opportunity for an open, dialogic, and transformative understanding of phenomena (McLeod, 2011; Van Der Zalm & Bergum, 2000). A heuristic inquiry does not separate the researcher from the topic. It seeks to incorporate the researchers experience as an important part of the research process, which gives way to a new transformative understanding of the experience (Moustakas, 1990; Sultan, 2018).

Study Procedures

The purposeful sample of participants was obtained through various networking methods using the IRB-approved recruitment script for telephone and social media (see Appendix A).

Five participants expressed interest and agreed to participate. Each participant completed an in-depth interview with the use of audio/video recording adhering to established ethical guidelines such as informed consent, confidentiality, storage of data, and withdrawal from participation. Each interview was recorded with two video/audio devices to prevent the occurrence of recording failure or poor audio quality. Each participant was interviewed according to the semi-structured protocol using natural conversation patterns for the interview, which can result in original and follow up question wording variation (see Appendix D). The interview questions were focused on the research questions related to their experiences of methamphetamine addiction, child welfare, Moms off Meth group participation, and recovery.

Reflexive processing was utilized by recording field notes after each interview and listening to the interviews two times before completing verbatim transcripts. After a verbatim transcript was completed, field notes reviewed, and a reading of the transcript for each participant was completed, there was an individual depiction prepared. The individual depiction consists of background information, themes related to the experiences of methamphetamine addiction, child welfare involvement, recovery, and Moms off Meth group.

Moustakas (1990) provides structure to the collection of data analysis for heuristic inquiry that was followed for this study. The process begins by gathering all the data. Then, as what was done for this research, an individual depiction is completed for each participant. The individual depiction is a timeless immersion into the participants' experience until it's understood holistically and in detail, withdrawing for a rest period, identifying qualities and themes.

The next step of the process was completing a composite depiction resulting from the group. After this explication, there is one exemplary depiction that represents the experiences of

the group as a whole. Analysis of the data for the composite depiction was prepared with the use of artifacts, anonymous survey data, newspaper articles, emails, media clips, and other creative elements provided by participants.

The final aspect of the data analysis provides for a creative synthesis. The creative synthesis includes tacit-intuitive awareness of the researcher and the new knowledge that has been discovered over the course of the inquiry (Moustakas, 1990). The creative synthesis for this research study is included in the final section with the discussion of the results.

Individual Depictions

The individual depictions for this discussion were completed utilizing the heuristic inquiry methods as outlined by Moustakas (1990) as described above. Table 4.1 provides a summary of background data. This background data provides a snapshot of the interview participants age range, number of children, age range of their children, highest level of education, age of first methamphetamine use, longest length of continuous non-methamphetamine use, mental health concerns, and status of continued 12 step meeting attendance.

The individual depictions for Alecia, Justice, Violet, Cierra, and Sally all begin with an overview of contextual background data. Then the individual depictions present thematic findings using narrative description and verbatim excerpts from the interview. A summary is provided in Table 4.2.

Table 4.1

Background data of Moms off Meth Interview Participants (N=5)

	Age Range	# of Children & Age Range	Highest level of Education	Age at 1st Meth Use	Longest Length of Continuous Non-Meth Use	Mental Health	Still attend 12 Step
Alecia	50-60	2 (20-30)	Some College	19	10	ADHD, PTSD	Yes
Justice	40-50	3 (14-20)	High School	16	10	ADHD, PTSD, BIPOLAR	No
Violet	50-60	3 (20-30)	Some High School	29	15	PTSD, DEPRESS-ION, ANXIETY	Yes
Cierra	40-50	2 (20-30)	Some College	25	8	PTSD	No
Sally	50-60	3 (20-30)	Master's Degree	23	24	DEPRESS-ION	Yes

Note: This table is a summary of background data as reported by the participants at the time of the interview.

Alecia

Alecia is over 50 years old and has two adult children between the ages of 20 and 35. Her background data reveals no current government financial assistance support and no transportation concerns. She has full-time employment and private health insurance. Alecia reports being in recovery for slightly over ten years.

Alecia described that her home life growing up was often bewildering; she experienced multiple forms of abuse/neglect (emotional, sexual, and physical) and witnessed domestic violence. She began using substances (alcohol) at the young age of 12 and was using amphetamines at age 15. This was described as the "real-deal Dexatrim." Her methamphetamine use started at age 19 and lasted for over 20 years without any criminal justice or child welfare

involvement. Finally, in her 40's, she came to the attention of the child welfare system. Her youngest daughter was age 10 and her oldest was over 18 and not living at home. Through substance treatment, attending Moms off Meth group, and going to meetings, she eventually began her recovery. Presented below are the core elements of her experience with methamphetamine addiction, child welfare, Moms off Meth group, and recovery.

Table 4.2

Composite Element of Experiences by Research Question

Participant	Addiction	Child Welfare	Moms Group Participation	Recovery
Alecia	Escape, Bewitching, Surviving	Fear, Rescue	Synergistic relatability, Empowering	Believing
Justice	Escape, Self-Medication, Empower, disempowerment, shame	Struggle, Medication, Empowering Others	Relatability, Fun	Lonely, Connections
Violet	Evolving, Empowering	Fear, Mountain, Appreciation	Safety, Empowering	Connecting to Others, Rewiring, Life
Cierra	Escape, Blur	Judged	Comradery, Awe	Dealing, empowerment
Sally	Connection, Accomplished, Escape	Fear, Answered prayers	Safe Place, Activism, Giving back	Meetings, Surrender, Growing

Note. This table provides a summary of the themes from interviews by research question.

Experience of Methamphetamine Addiction

Alecia described her methamphetamine addiction as an evolving process. The core elements of her addiction are escape, bewitching, and surviving. There were multiple examples of adverse events in which she felt trapped. This opened a door for addiction to take hold; she was bewitched by its cunning and baffling power. The final element of her lived experience of

methamphetamine addiction highlights the element of survival; a sobering remembrance of how severe her addiction was. The description provides narrative as well as verbatim examples that support the essence of her experience.

Escape. The first theme for Alecia's individual depiction of her methamphetamine addiction is *escape.* The definition of escape is to break free from confinement (Merriam-Webster, 2020). Her confinement involved the emotional pain from the adversity and abuse in her family. The adversity was connected to her addiction through the lens of her being raised Catholic. "There was so much that was going on in my home life that we didn't talk about, and we couldn't ask questions." She remembered the hypocrisy and confusion of how it felt when she was polished up for church, yet horrifying things were happening at home. Home was where her father would disown them for behaviors/choices that were not aligned with the Catholic tradition. The hypocrisy of her father's behavior and the Catholic tradition teachings were emphasized in the change in her tone as she shared the story of her father blaming and disowning one of her siblings after a fatal accident that took the life of another sibling. The story she recounted in a quieter tone confessing that they didn't talk about the tragedy at all was linked to her use of substances to escape the reality.

> Alecia: …you know, and mom and dad shutdown. And Sam had to come home from college. And it was him and me milking the cows and doing the chores. And we didn't talk about it. We just, we me-, self-medicated. You know? I got married at 17. I got pregnant, you know, married at 17 and it was abusive. It was, you know, I jumped from the fire. Or the frying pan into the fire. Because I wanted out of that life.

Alecia's first marriage ended in divorce when she was 19. This propelled her into another long-term relationship in which she and her partner began taking methamphetamine one "drunken night." Her explanation of the relationship being the primary influence of her methamphetamine use was met with a rapid response, "we started using together and we, that's

what, you know ... Joey, really Joey, it, we, I-I picked him because he partied like I did." Alecia did not shift any responsibility for her methamphetamine use; however, she did share how relationship dynamics of control and emotional abuse were connected to her methamphetamine addiction.

Alecia's relationship with Barry was united with multiple substances. This helped her escape the truth of the abuse she was experiencing. She shared openly about her fear during this experience. She would often wait for him to pass out or walk on eggshells in an effort to minimize the abuse she experienced. He was very controlling and limited her freedom in the world by disallowing work. Her and her daughter often waited for him to pass out in the evenings. After enduring this for many years, when he finally left, she told him not to come back. Once again, Alecia found herself confined until an opportunity for escape presented itself. Barry's leaving meant yet another leap into a "hotter frying pan." Her addiction progressed like her previous routes of escape; the rising flame of her addiction this time was using intravenously and illuminates the next element of her experience.

Bewitching. Alecia described her methamphetamine addiction as this "amazing" experience at first. Her first-use experiences were explained in forms of pleasure such as feeling invincible, increased ability to focus, and finally able to get things done. This can also be connected back to a time when she used the "real deal Dexatrim" diet pills as a teen, which also provided her a decreased appetite and the ability to focus.

> Joey: Describe what methamphetamine addiction was like for you?
> Alecia: uh ... it was, you know, it was that amazing, oh, my God, what was this stuff?... we started off with just a quarter. And we did it up like coke lines, you know? We did them every 20 minutes, and we stayed up for three days and thought, what was that?

Although her first experiences were spoken as pleasurable, as she continued to discuss her use, it was as if she was bewitched. Alecia repeatedly provided examples of how it shifted from her first experience to that of using for maintenance. Eventually, methamphetamine became all she wanted. This bewitching is also described by her crossing many moral and lawful lines during her methamphetamine addiction. There were many violations against her own moral code, in which she was doing criminal things to help support her habit. This became a normal way of living for her and in the final two years of her using, she crossed another line. This was intravenous (IV) methamphetamine use.

> Joey: Describe what methamphetamine addiction was like for you?
> Alecia: You know, for many years we just snorted it. Because, I didn't ever want to smoke it because, Oh, no. And then I start smoking, and then I never wanted, and I swore I would never use it. I never would become an IV user because I didn't want, I knew I would ... I knew I would like it. You know? It was kinda like, I, don't go there, Alecia. And, it took just one time, and then it was a whole different kind of, you know, um, whole different monster.

This period of IV methamphetamine use has a distinct demarcation in which she experienced more and more emotional abuse and being controlled in her relationship. The escalating turmoil, which was represented by her partner "sneaking off" seems to be the impetuous one "drunken night" that shoves her across that moral and lawful line. When he secretly left the family home, he unknowingly lost his control over her. Her spouse had left and no longer was he her drinking buddy, nor an equal user. This was a foreboding in her narrative as she describes how her IV use became a "monster."

> Joey: What was that difference like? How did that affect your life differently do you think?
> Alecia: Well, for the first thing, first off, it was Barry and I who, we'd been together for 21 years. He didn't know I was IV using. Um, I probably kept it, you know, secret from him for a few months…And then it was a lot of fighting, and it was a lot of, you need to leave, and, where am I gonna go?... Our relationship was bad. And of course, now I have this secret. And, um ... I remember the night he found out and it was scary. You know, he was angry. There was a lot of anger

> there. Um ... and then I was running. I was running at night. And I was leaving the house. And I didn't care. He wasn't gonna tell me I couldn't go. You know?

Her use continued; her personal value system was further bewitched. The crescendo of this situation is her getting pulled over for the first time and questioned about her methamphetamine use. That traffic stop was followed by a subsequent visit to her house from the department of human services (DHS), Iowa's child welfare system.

Surviving. The final element of surviving was an emotional reflection in response to the question *what does your methamphetamine addiction mean to you now*? Alecia's body language shifted to a reflective posture and her face softened. Her answer was short but expressed with sincere emotion. "You know, I'm surprised we survived (laughs), and I don't know why I'm getting emotional about it but… (stops talking to keep back tears)." When someone identifies as "surviving" it means they have lived despite some danger or peril; in that moment, the depth of her past reality comes to the surface for just a moment. Her deep sigh and the surfacing of tears were quickly defended with humor as she expressed further gratitude about her teeth not being damaged from her use.

Experience of Child Welfare

Alecia continued by describing the events that led up to her involvement with the child welfare system. After reviewing her transcript, the core elements of this experience are rescue and fear. This was the first major interruption in her using and the first time she experienced trouble. There were memories that helped to shift her thinking from "what her normal was" to arrive at the conclusion that she had a problem.

Rescue. This theme was revealed during the interview almost immediately after asking about her experience with child welfare; it was an extension of the survival element from her

addiction. The enemy that threatened her existence in her life was methamphetamine and DHS was the hero. This hero helped rescue her from the involvement with criminal activity.

Fear. The core element of fear was revealed through identifiers and her tone of voice, such as, “Big-Bad DHS” animated with a deepened voice. Not having been in trouble before, she was unsure of what to do. Her first thought of protection was a half-truth when child welfare arrived. Alecia informed them that she was a recreational user. The truth of the extent of her use was revealed after her drug test, that led to her admitting the truth.

> Joey: So, when they came you told them about using?
> Alecia: I told them I was a recreational user. (laughs). Use occasionally. Um ... so, when I went to, you know, I did a flush on Friday-Friday morning. I did a shot of dope. Went up to the hospital. It never even occurred to me that they're gonna do a hair stat on me.
> Joey: Oh, right.
> Alecia: And I thought, oh Lord. I remember when the, you know, they have, uh, those Luther-Lutheran family, or Lutheran services come in uh, every day for the first 15 days or whatever. And I remember when they got the results back and she looked at me and she said, "Oh my God Alecia. I've been doing this for four years and I've never seen it that high." I mean, I was using daily. Right even before. I mean, you know, several times a day.
> Joey: Right.
> Alecia: Every day. And she just said, "I, oh my God. Like, I've never seen it this high." And I said, I looked at her and I said, "Well, I guess I'm not a recreational user huh?"

The account of this experience was enlightening as she shared about her circumstances and the matter-of-fact tone of voice the moment of her confession. There was a time in her outpatient experience where something clicked, and she realized there was a problem. There is a moment of clarity as she describes the challenge.

As she shared about being involved for ten months and still using, she got caught. Her being caught prompted an ultimatum of losing her daughter or going to inpatient treatment. The fear of losing her daughter helped her go to treatment as she realized what was happening. This

was a realization that she had a problem. This realization was the memory of watching someone else have their rights taken away during a court hearing.

> Alecia: And I remember sitting there and it was this mother's last chance. And she come back dirty and that was it, the termination. And I sat there in my own head and I thought, oh my God. What's wrong with her? Why can't she just quit? Until I was her."

Alecia was unsuccessful in her attempts to stop using which resulted in the court requiring her to complete inpatient treatment. The brevity of this experience was reflected in her stern tone of voice during the interview, which proved to be a pivotal choice point. Alecia was demonstrative with her tone revealing the initial shock from the experience of her arrival at treatment. She had been expecting an adjustment period for resting; the staff's immediate demand for her participation was scary for her because she was not accustomed to being held accountable. The withdrawal and cravings made it difficult for her to participate and staff readily informed her multiple times that if she wanted to leave, she could. The temptation to leave remained, however, she had to make what seemed like a tough decision at the time, which was the decision to fight through the cravings and emotional distress from not using or face the consequences. She acknowledged that the decision not to leave treatment was directly related to the fear and heartbreak that would result from leaving and that she would lose custody of her daughter for good. That fear-based motivation helped her finish treatment and helped her get her daughter home.

Experience of Moms off Meth group

Alecia described her involvement with the Moms off Meth group during her outpatient treatment. Being new to recovery, she struggled grasping the reality that recovery from methamphetamine was something that could be done. The core elements identified from the

analysis of her interview that are the elements of her experience in the Moms off Meth group are synergistic relatability and empowerment.

> Alecia: And you know, I-, it, I was still, Joey, even at that time it was like, believe it or not I, it was like ... y-you guys really did quit? You guys used to be meth addicts? What? (laughs). You know what I mean? It's like ... I don't know.
> Joey: Is this for real?
> Alecia: Right. You really, are you not pulling my leg? I don't know. Is that weird thinking?

Even though she may have felt that it would surprise me to hear her previous thoughts about her experience, this is important and provides illumination on the ongoing cognitive dissonance in her early recovery.

Synergistic relatability. Alecia described Moms off Meth group participation as an important part of her recovery even though it began with some doubts. Through her participation, she identified with other mothers that had shared similar struggles. The synergy of the other mothers made her feel as though she was connected to something bigger; it helped her related to others and she no longer felt alone.

> Alecia: You know, and um ... I think one of the-the biggest things that I really truly enjoyed was when we went as a group though to Moms Off Meth went up to, um, the soup kitchen on Thanksgiving Day and served. And that was just a neat feeling to me. I don't know, being a part of something. You know? It was being a part of something.
> Joey: Being a part of that.
> Alecia: Yep….

This example provides evidence on the importance of active group participation that sought to give back to the community. Some of the moms had experienced homelessness or stayed in shelters, so this brought out conversations of hurt and triumph for overcoming. The homeless shelter provided tours of the shelter, part of which housed mothers that were reflections of where they had been, this also connects with the other element, empowering.

Empowering. Alecia is passionate about helping other women recover; this empowerment with the believability and relatability of her own experiences is something she was given in Moms off Meth group. She was also empowered by the reality of watching other women, who were mothers and involved with child welfare, recover, which helped her become passionate to help other mothers.

> Alecia: Oh ... it had a big impact, as far as ... living proof that we can recover. That we do change, that the support is there, and you know, I do understand what you're talking about or what you're feeling or what you're saying. Um, it's all of that. It's the combination.

The Moms off Meth group sought to empower other mothers and show communities that recovery is possible by being active in communities. As a group, we did this by wearing bright green t-shirts that said *Moms off Meth* during events. Alecia shared her essence of advocacy and stigma as it relates to addiction and the Moms off Meth group.

> Alecia: I think there's a huge stigma. Um, on drug users, I do. I-I think, you know, there's not enough, um ... I think we're on the right route of-of educating them, educating people. Whether, you know, that it is a-a disease. And, um, you know, I think the label I placed on myself even. But I, you know, it was like, "Oh, this is my shame." And it's not my shame anymore. It's my story. Because, at least I did something about it. You know, at least I, and-and now I can advocate for recovery for women, for, you know, I am passionate those coming up and struggling. And because let me tell you, if I can get into recovery, anybody can.

After the interview, she inquired about the possibility of another Moms off Meth group starting to help support mothers. She asked because she feels it would be helpful where she lives with the extent of the methamphetamine problem. This question also displays her desire to continue empowering others.

Experiences of Recovery

Alecia is in long-term recovery; she did have some difficulty with alcohol after her inpatient treatment and has different clean dates for the two substances. The core elements of

recovery are believing and living. There is a transformation of believing that occurs for Alecia. This was a journey from a life she was escaping over the scary bridge of her child welfare experiences to this place of recovery. There are other important aspects of her believing on her journey of recovery as described through this section of her individual depiction. This ongoing development of believing came to include connecting pieces of the past and changing how she defined herself.

Believing. Alecia's core elements of recovery can be summarized with the element of believing. There were at least eight statements in her transcript that used the word believe. In the early parts of her recovery, she believed that she couldn't take care of herself (many men had told her this). Her ability to come to believe in herself being able to take care of herself meant having to stand up against her fear.

> Alecia: …it was a, you go ahead and try to live without me. You know, you won't be able to make it and, in that fear, I truly believed I couldn't do without him. I didn't know how.

She was told from a young age that she couldn't take care of herself. A message she received from her father that continued throughout her romantic relationships, up until even a year ago. It was just recently that she described being able to break away from an unhealthy relationship.

As she journeyed, she also struggled to comprehend that methamphetamine and alcohol were problems for her. The next step required her to believe that people could recover and, more importantly, that she could even recover. This believing in recovery further blossomed into helping other mothers recover.

One of the other aspects of her believing connects to her spiritual faith as evidenced by her describing that God did indeed answer her previous prayers. During her active addiction, she had asked for help.

> Alecia: … I-I had been praying. I-I had been praying. I saw on 700 Club once, I was in, I had-had, I was an addict. I prayed to Jesus, "Please take this addiction from me." And I thought, what's wrong with me? I've been praying, and praying, and praying. Please take this away from me. God had given me chances. Because I really, I prayed. Please help me. Please stop me. And he answered my prayers, just the way they needed to be answered. Absolutely without a doubt do I believe that. I believe that.

Her recovery experience of believing is also connected to her transformation of God. She has let go of some religious beliefs. Today her God is merciful.

> Joey: Did you have that spirituality kind of in the beginning? Or did it take a while?
> Alecia: It, you know, it took-, because I was raised Catholic.
> Joey: Okay.
> Alecia: And I had a lot of issues with the whole religion part of it.
> Joey: Okay.
> Alecia: But there was a part of me, as a young child before I ... probably seven. I was very spiritual. I, and it, without realizing it, but I was. And I think, even all the years I used to question my dad and question the Catholic faith, and you just have to believe, and you don't. I mean, it's like, wait a minute. You know? It's kind of like getting into recovery and having this spiritual part of it. It pushed that religion out. It pushed all that out. And it was like, what I knew as a young child, I embraced that again. Absolutely.
> Joey: Okay.
> Alecia: My God now is my higher power, who I do call, God. He's merciful. He's not, you know, (laughs) fire and brimstone.

Her spirituality proved to be especially important for what was shared as the biggest challenge in her recovery, her mother's passing after losing her battle with cancer. She shared how hard it was for her mother to talk on the phone or understand her addiction. Her believing in angels helped her come to a place of peace and acceptance that her mother does understand her now.

> Alecia: I truly and whole heartedly, with every fiber of my being, believe in angels and my family. And I think my mom, her passing, it's like, I feel her presence. ... And something just, I mean ... I don't know. I feel how proud she is

> of me. You know, and-and when she was alive, she didn't quite understand it, you know. It was kind of like, well, who told you was an alcoholic? And how often do you have to go to those meetings? And how long will you have? You know, she didn't understand it. And I feel like now she gets it.

The ability for her to have restoration of her faith was a process. The sense she made from this helped bring peace and comfort for her recovery.

Another aspect of her believing, as it relates to faith, is the concept of forgiveness. Even though Alecia has been clean for over ten years, she describes a process of continual growth in her believing. Her current growth is related to forgiveness; she learned to forgive herself. This highlights the change of her internal dialogue to support that self-forgiveness. Her internal dialogue now reminds her she can let things go when it becomes shaming about her regrets from past choices.

> Alecia: …and I got to forgive myself for the choices age, you know chose at the time. Or you know, whatever it be in the survival mode or whatever. It's like and so that's the big one I'm learning to and I do a lot of praying on it to just help me forgive myself. And let it go.… It's this is a journey, and every step of it. You know, I believe everything had to happen in my life just the way it had to happen. Just the way it happened. I-I'm one of those. I firmly believe that. Firmly believe it.

Alecia has continued to attend meetings, try new things, and make sense of her past. Her journey has helped her have new beliefs about herself and reduce her self-imposed labels. This is expressed when she says "…it's not my shame anymore. It's my story."

This individual depiction provided an understanding of Alecia's experiences with methamphetamine addiction, child welfare involvement, Moms off Meth group participation, and recovery. She did not expand much on mental health aspects of her experience other than to share having made sense of why methamphetamine helped her focus after being diagnosed with attention deficit hyperactivity disorder (ADHD). There were a few times in the interview where she was emotional and moments where she did not expand on aspects of her narrative. This was

done through a pause or abrupt stop in her discussion, often centered around possible trauma experiences. The interview was fashioned to be honoring on her comfort level of disclosure and topics that unfolded for her depiction did so with her choice.

Justice

This individual depiction for Justice begins with a summary of demographic and background narrative that assists with contextualizing her current and past experiences. After the background and demographic data, her thematic depictions are provided in congruence to each research question. Finally, a summary of her depiction is provided.

Justice and her three siblings were raised in a two-parent home. Justice experienced extreme adversity during her childhood. She shared how these experiences of poverty, witnessing domestic violence, and multiple forms of abuse had a direct influence on her initial use of substances. Justice struggled in school with her homework and making friends. Her initial substance use at the age of 13 and her use of methamphetamine at 16 helped her socialize. Methamphetamine helped her focus and because of that, she was diagnosed with ADHD in high school. After Justice graduated from high school, her methamphetamine use increased. Justice eventually got married and became a mother.

Justice is a single woman in her 40s and has three young adult children. She primarily works part-time and is receiving economic social support through the form of social security disability, Medicaid, and food assistance. Justice has just obtained transportation after a two-year struggle to reinstate her license and buy a vehicle.

Justice's social experience as an adult includes domestic violence, divorce, parental incarceration, and her children being removed from her care twice. The first removal occurred in 2005 when all of her children were under the age of 10 and resulted in the children being

returned to her care. The second removal occurred in 2018, with two of her children being placed back into foster care after a relapse and a deterioration of her mental health. At the time of the interview, one daughter had aged out of the system while her youngest teenaged daughter remains in foster care. She does not currently attend any 12-step recovery meetings; however, she has experienced extensive time periods of involvement in 12-step recovery meetings. She reported that her current social support involves her faith, family, and recovery friends.

Justice experienced multiple episodes of inpatient and outpatient mental health and substance use services in the past, however, she is not receiving them now. Her mental health diagnosis of ADHD as a teenager and subsequent Bipolar disorder/Posttraumatic stress disorder (PTSD) diagnosis have had a major impact on her active addiction and recovery. Her methamphetamine use has been in remission since 2005, however, she had some reoccurrences of alcohol and cannabis use in 2018.

Experience of Methamphetamine Addiction

Justice's experience with methamphetamine addiction began at the early age of 16. She was drinking and hanging out with older friends who introduced her to methamphetamine. The core elements of her methamphetamine addiction are escape, self-medication, empowerment, and disempowerment as detailed below.

Escape. Justice described how her family of origin dynamics shaped her methamphetamine addiction. Her father was abusive, and she was not allowed to bring friends into her house as a young girl. The social connections Justice began having as a teenager were drinking friends. The tale of her dad beating on her after returning home drunk was expressed while she held back tears. Her drinking friends eventually turned into an older crowd that helped

her find another way in which to escape the difficulties in her life when she used methamphetamine.

Substance use allowed an opportunity to escape the madness in her home. The positive interactions she had socially involved substances. From her inexperience and opportunity to have positive socialization, substances provided a route to participate in a social group. Justice reflected on her tainted socialization; even to this day, it is a struggle for her to make connections outside of her family dynamic.

Self-medication. The second element of her methamphetamine addiction is self-medicating. The positive impact it had on her ability to focus was a help to her. She described severe struggles in school being able to read, focus, and get her work done; "it would take me 20 times to read something." A few times during her interview, she shared how her brain would not shut down and how methamphetamine helped that. The first weekend of use she was up the entire weekend feeling as if she could get things done; "it was the first time I remembered wanting to succeed in school." Methamphetamine was a temporary help for her until she lost control.

Cannabis and alcohol have also played a role in her attempts to self-medicate despite having an addiction. Only a few years ago Justice had incidents where external stressors from her job and a romantic relationship were building up so much so that it overwhelmed her coping. An inability to relax at night would not resolve, so instead of going to a mental health provider, she took the advice of a family member and smoked cannabis. Her use increased and motivation to stop smoking took over. The result was once again a major destabilization in her mental health that snowballed into multiple arrests and losing custody of her children. This self-medication set her back, but at the time, "it was one way I could help find relief to get to relax or get to sleep."

Empowerment. One definition of empowerment includes aspects of controlling one's life, being more confident, and strong (Merriam-Webster, 2020). Justice grew up experiencing powerlessness from poverty and abuse. Methamphetamine provided a pathway of temporary and illegitimate abilities for her and her family. Her pseudo-abilities were focus and authority. The focus experienced with self-medication and authority from dealing.

> Justice: "Well, yeah, it's- it's a bad drug but ... Something in that drug was helping me I felt like, in the beginning until- until my walls crashed and I, you know, I- I abused it and- and uh, got addicted to it, and needed it, and wanted it, and searched for it, you know, that's- that's-…"

Her addiction became a destructive force the ripped down the illegitimate means of empowerment in her life and her families. The crash course ended with criminal justice involvement and enduring guilt.

Disempowerment. Disempowerment is the deprivation of power (Merriam-Webster, 2020). Justice described, in many ways, how she experienced a deprivation of personal power in her life. These experiences began as a young child and emerged at various times throughout her life and even in her recovery. The experiences are abuse, poverty, early academic deficits, witnessing and enduring domestic violence, severe mental health disability, and involvement with the criminal justice system. Methamphetamine temporarily empowered her until it began to take over her life.

Justice's use of methamphetamine had increased as she shared that "things got bad." She lost her personal power; "it destroyed everything." The "everything" that methamphetamine took in its wake was her husband, job, home, possessions, and most tragically, herself. There was a pivotal experience that was very disempowering. The wounds it inflicted were lasting emotional wounds.

One emotional wound that weighs heavily still on Justice is the guilt and shame for introducing her family members to methamphetamine. This guilt and shame results in further disempowerment and is exacerbated because of the responsibility she feels for her family members being threatened by her former gang associations, her parents getting divorced, and the methamphetamine addiction still impacting many of her family members. She feels responsible for it all.

> Justice: When I was introduced to meth, and uh, started using, I started getting to know people that were dealing and I started getting that high of making money, and uh, I screwed up because I introduced my parents to it. Uh, I introduced others to becoming a huge drug dealer and making all this money, and- and uh, got them addicted to this drug, and watched them tear each other apart and break apart, and get divorced and watched kinda them lose everything as well.

She was emotional as she described this in the interview and shared about the extent of the guilt and the treats of safety from the lifestyle that involved a lot of guns and serious risk.

Experience of Child Welfare

Justice shared about the events leading up to becoming involved with the child welfare system. There have been two such instances. The first one resulted from her severe methamphetamine use and deteriorating mental health. A charge of erratic driving after driving through private property prompted a stay in the psychiatric ward of the hospital and her children being placed in foster care. She was diagnosed with PTSD, ADHD, and bipolar disorder.

The second involvement resulted a few years ago after the loss of a relationship, increase of mental health symptoms, and her need to self-medicate her stress and emotions. She was very stressed; marijuana and alcohol helped alleviate that stress. Her mental health was unstable. There were multiple incidents of being arrested and placed in jail for a short time. The core elements of her child welfare involvement are struggle, medication, and empowering others.

Struggle. Justice described her children being removed and first hospitalization as her "rock bottom." Getting her kids back motivated her choice of quitting. Being successful with getting clean and her children returned meant that she would need to rebuild everything.

> Justice: Well, I didn't have the support from anyone really. Like, my family was either all addicts or, you know, trying to deal with their own problems, and couldn't really deal with, support any, me. Um, so I didn't have a whole lot of support when I s- when I became clean and sober. I was trying to use meetings a- as well as I could. I didn't have a vehicle. I didn't have friends. I didn't have anybody to help me. So, it was like a struggle trying to get to treatment, trying to get to meetings, trying to get ...

In the second involvement, she did not lose everything, but it came close for her and her ability to get all of her children returned has been much more difficult for her.

Medication. One of the biggest ongoing challenges for Justice is related to her non-compliance with medication. The first involvement she had with child welfare was lengthened by at least six months due to a choice to stop taking her medication.

> Justice: And I tried calling my kids in foster care, and I never got an answer. And the next day I- I uh, called and never got an answer, never got a call back. Um, and it triggered something inside me, I got pissed off, and um, and then I didn't think through. I- I drove to the foster parent's house, I uh, I walked in, I- I wanted to know where my kids were and why no one was contacting me, which was, you know, really stupid on my part, because uh, I didn't think anybody was home. Um, and the daughter had come up from the basement and threatened to call the police and I kind of snapped out on her. Um, and took off left, there was police behind me. Uh, she called the police. I didn't stop for the police. I kept driving...
> There was a roadblock. I had ... there was strips, uh, they put across the highway, I ran 'em over, four popped tires. Um, they had guns on me. I had to, you know, get out of the ... And I was so shook up, and like I didn't realize like, "Oh my god, you just broke into the foster parents' house like looking for your kids." Like, hello, this is like serious. And um, a roadblock and everything I mean, like um, I went to jail after that, and then went to the hospital again, and it, that set me back from getting my kids, you know, another half year. So, that was, uh, really difficult to ... if I ... Maybe if I were taking my medication like I was supposed to would have never happened.

Her second involvement with child welfare was a result of relationship loss, stress, and discontinuing her medication. At the time of the interview, her recovery had flat lined and her children were not returned home because of her inability to stabilize her mental health. One daughter has aged out of the system and the other one is currently in permanency placement status.

Empowering others. Justice, unaware of what her future would bring from her first involvement with child welfare, was increasing her self-reliance and this felt incredible to her. This occurred when she got her children back and as she continued to build a new life. Justice revealed the surprise and positive affirmation she received after her social worker supported and spurred her towards becoming a peer support. Justice was asked to participate in a peer support program, where the hardships that she went through were not wasted and her change from within did not go unnoticed. This was not something of interest at first, however, after a spiritual sense that she should do it, another journey began for her.

> Justice: I got, you know, the- that made me feel so good, it just made me want to keep doing better and then becoming a parent partner, and like actually helping these parents get their whole- kids home and (laughs) standing up to DHS, and um, you know, helping them advocate for themselves, it's just- it just, it was just an overpowering ... you know, it was just overpowering, it was just a great feeling.

She became very emotional as she relayed stories of empowering others who were involved with the child welfare system. The peer support experience ended many years ago after the grant ended, however, many of the relationships she forged continue.

Experience of Moms off Meth Group

Justice went to the Moms off Meth group while involved with DHS. She preferred it to meetings because it was more relatable and easier for her to open up there. She went to Moms off Meth for quite some time and that also helped support other women and bring them to Moms

off Meth group. The core elements from her experiences of Moms off Meth group are relatability and fun.

Relatability. For Justice, Moms off Meth group was a place where she could let go of her shame and could have strong connections with other women. She recalled memories that stood out to her and helped foster that relatability. It was women facing similar experiences that she found to help her the most. This part of the interview she was a little nervous as she shared the following information.

> Justice: I remember one, um, exercise that we did, and at first I didn't want to do it but we stood in a circle and we wanted to get out every frustration or- or every hurtful painful thing that had happened to us while we were using and I remember crumbling up a ball and we were throwing it I think like, crumbling up a ball and throwing it at the next person to speak, um, like at ... and then like, it kinda let everything out, like when I was using, you know, I felt like a piece of shit because um, I didn't feed my kids at supper time. I totally like spaced it off, like suppertime. Like I remember that was a very painful part of my using is that I did, that I had done that and- and to be able to get it out, it was um, very kinda just re- ... it just felt like a relief to actually say that out loud and hear it and let other people hear it, you know, because they- they could relate like they knew exactly what I was talking about and um, it was an exercise that you don't do in NA/AA you know, it was like, um, something that we all did together. We all had to say, um, something that we regret or felt shitty about, um, while- while we used.

Fun. Moms off Meth was fun and memorable because she was able to connect while doing various activities as a group. This increased her comfort and decreased her social difficulties. This helped her open up and make deeper connections with other mothers. She shared about a zoo trip with the kids as being fun and memorable.

> Justice: Those kind of things are like fun, you know, like you ... it's more than just a meeting, it's like actually connecting and bonding with these other, you know, women that have faced some of the similar things that you have, you know, and it's- it was a good thing. It was ... I really wish they still had that, um, going, 'cause it really helps a lot of people I think.

Justice experienced Moms off Meth group as a place that she could establish deeper connections and let her guard down, perhaps better stated as her shame shield. This relatability fostered a part

of recovery that was not as available in the Narcotics Anonymous (NA) meetings she attended. The social activity outings that NA did not normally do with just women were meaningful to her. The name of the group was not an issue for her; she did not identify as much with the stigma of methamphetamine addiction as she saw it as a help for her in the beginning. However, this did not diminish her certainty from the toll of the destruction that her methamphetamine addiction caused in her life.

Justice's experiences of addiction, recovery, child welfare, and Moms off Meth group participation provided a glimpse of the important elements that were pathways into her substance use as well as the pathways out. She had a full range of experiences and has successful recovery from methamphetamine addiction for over ten years. However, her experiences provide a glimpse into the critical role that her mental health status played in her recovery path. Her ability to address her mental health concerns has been an issue thorough out every stage of her life.

Experience of Recovery

Justice described her recovery through many experiences during her child welfare and Mom's group participation. There were pivotal moments as shared in the thematic descriptions below. The two themes related to her recovery experiences are lonely and connections.

Lonely. Justice describes her early recovery as especially painful and lonely; she struggled with this "this anti-social thing." Going to meetings was an enormous hurdle since it was way out of her comfort zone. Sharing with others, reading, and general distrust for people due to traumatic experiences made attending meetings hard for her. The loneliness she experienced lasted a few years until she attended the Moms off Meth group.

Justice began connecting with others. She went way beyond her comfort zone when she decided to become a peer mentor after successfully completing all of her requirements with the

Department of Human Services (DHS) system. These new connections were essential experiences and the next theme.

Connections. Apart from the early difficulty and experience of loneliness, the core element of her recovery experiences was related to connections. There were rewarding and challenging connections. Learning how to manage existing connections was a challenge, especially regarding her family. The rewarding connections were described through her poignant memories of getting support from women in recovery, being a support for other women, and her spirituality.

As she changed, the role she played in her family also changed. One such difficulty was understanding how to connect with family members who were still using. Justice wrestled with successfully navigating boundaries and relational influences to maintain her own recovery. Justice had not relapsed with using methamphetamine but did report that family relationships influenced her setback in relation to smoking marijuana and drinking alcohol. This resulted in a setback for her and was related to her current involvement with child welfare.

There were endearing moments of Justice's recovery. During recovery, she found herself connected with God, and connected with others. Some were forced and some by choice; however, these connections helped her grow and feel good about herself. She stepped out of her comfort zone because at times there was no choice; until she could do it on her own.

> Justice: Um, so I just kind of um, prayed a lot and you know, uh, just kept my kids right here in my mind, you know, and- and- and myself because after you lose yourself like that, like you know, you just want to- you just want to find yourself. You want to get your kids home. You want- you want that comfort of knowing everything's going to be okay, and for a long time it wasn't, you know. But um, that's when I- I completed that, I became and parent partner, and um, kind of took my experiences, try to use them for, to help others, and you know…

Another very critical part of her recovery was the developing of her having a higher power. This was about six or seven months into her recovery.

> Joey: When did you know that you were in recovery? When did you ... like how did that start for you?
> Justice: Um, I think I really got in touch with my higher power um, I found myself uh, any problem that I came across that instead of trying to worry or- or stress out about things, I just kind of handed it straight over to my higher power and just- just, I just kind of lived day to day, and didn't worry about what was going to happen tomorrow. And that's when I really understood like- like the whole recovery thing, um-
> Joey: Can you remember how long you'd been clean when that kind of happened? Or-
> Justice: Uh, it had ... I was clean and sober, but not really understanding recovery at least six, seven months into it, um, no matter how much I read or how many meetings I went to, I didn't really get it until it hit me, you know, like um, until I actually had that connection um, with God, or my higher power or whatever you want to call it. I mean, it was greater than myself, and I just- I found once I handed everything over and just kind of um, uh, I felt just everything I just wanted to just give it all the way to and just surrender you know, and once I did that, then it all started falling into place, and things just got easier and I didn't have to worry about anything, because I just lived, you know, sometime minute to minute or- or you know, hour to hour, and it just got a lot easier.

At the time of the interview there were still parts of her life that were desires for the future, and she still wants to work toward helping others again someday. Helping others is important to her; she believes that everything that happened has a purpose. Her pain and turmoil were a connection to her purpose as expressed in the following reflection.

> Joey: …what sense do you make out of, you know, having went through all of that turmoil, and you know, and even some of the kind of rebuilding things again, like what sense do you make out of that for yourself now?
> Justice: Oh, well, I- I know, um, my heart and soul like everything happens for reasons. And um, I know that I went through everything that I went through and I've learned everything I've learned and I've experienced everything I've experience and I've done it for, there's a purpose and um, I think that purpose it to take what I know and to help others, you know, and- and I just feel, and I'm crying now because I feel really passionate about it. It's like, um, something you can't explain unless you've experienced it, you know, um, but I- I think that everything has made me who I am today and I- I don't regret or want to take back anything. I'm glad everything happened the way it happened because I wouldn't be who I am today if it didn't.

Justice chooses meaning making of her recovery that exemplifies her resilience.

Justice's experienced adversity as she developed. The adversity she faced was coupled with mental health diagnosis that perpetuated difficulties. Her experiences highlight the reality of how destabilization of mental health can lead to re-involvement in various systems.

Violet

Violet is a mother of three children and is over the age of 50. She currently has adequate housing and does not receive any assistance from subsidized programs. She is employed full-time; she has a driver's license, transportation, and her own car insurance. She nearly completed high school but did not graduate. Her use of substances began with alcohol at the age of 13. By the age of 29, she was using methamphetamine. She participated in treatment programs that involved inpatient placement and outpatient services.

Violet experienced emotional abuse/neglect, sexual abuse, and witnessed domestic violence in her home growing up. It impacted her security and safety as a child and how she feels and processes experiences. Counseling services have helped her bring new light to the dark from her childhood.

As an adult, she has experienced domestic violence, homelessness, and her children being placed in foster care. These experiences were described and categorized by Violet as terms pain and chaos. However, she maintains long-term recovery and has she has been married for over twenty years.

Violet disclosed that she has a depression and anxiety diagnosis and that she is currently being treated for her mental health with therapy and medication. These services have been helpful for her in rebalancing her neurotransmitters. Her current supports in her life are family, faith, community agencies, non-using friends, recovery peers, and her spouse. She has people in

her life that she can talk to about problems such as her friends, sponsor, and family. Her family and partner are very supportive of the changes she makes in her life. Her written response on the demographic form to what else would you like to share was quite summative; “I was in Hell and God pulled me out and now through him I help others.”

Experience of Methamphetamine Addiction

Violet was very candid about her addiction and the impact it has had on her life. There was no hesitation nor was it difficult for her to discuss how childhood traumas had a direct influence on her addiction. She was also able to share how her thoughts about substances changed over time, for her, methamphetamine use helped her be able to experience sexual intercourse in a very different manner; also, it was another connection to her trauma experience. The key elements of her experience with addiction are evolving and empowering.

Evolving. Her addiction can be described as evolving because her use evolved from one substance to another and then changed from being a good thing to criminal. She began using alcohol and other substances in her early teens. One interesting finding is that she also discussed the use of white cross and Dexatrim diet pills. These Dexatrim pills were described as giving her tingles, which she described as “I guess being a high.”

The evolving of her addiction from better to worse and less to more was evidenced in her narrative as early as one year after use began. She sold her car and lost most of her possessions through many evictions. There were many times of being arrested for minor violations. One of the primary points of her worsening addiction was when she lost her children; feeling overwhelmed and alone was managed with more use of methamphetamine.

Empowering. Methamphetamine was an empowering experience for Violet. It provided feelings of being invincible at times. One of the important aspects of this empowerment was

derived from her decreased thoughts about the past. The ability to forget about the childhood abuse allowed her increased sexual freedom.

> Joey: You remember the first time?
> Violet: Yeah. I felt invincible, maybe is the word. I don't know if it was quite that, but it was close to feeling, probably the best I'd felt, ever, maybe.
> Joey: What do you mean by like, "The best I ever felt?" Can you tell me about that a little bit?
> Violet: Well I guess I just don't think I ever thought about anything. And that was nice. That was a nice feeling. To have your thoughts be on nothing. You know what I mean like, you don't think about, you don't have any inhibitions anymore, like, your past, whatever hindered you, was no longer hindering you. Especially like, for me in the sexual part, because I know my past had really affected my sexual nature with my husband and I was not real open and so it was very, "Let's do it. Let's get it done." It wasn't kind of, really wasn't very fun for me. It was more of a, a duty.

Experience of Child Welfare

Violet's involvement came about after the family home was raided by the police. Her description relayed a very dark and lonely time. Subsequently, her use of methamphetamine increased. The confusion over how to regain custody of her children and get her life in order was overwhelming. The elements of this experience for her are fear, mountain, and appreciation.

Fear. As Violet described this experience, there was varying levels of fear. Her descriptors ranged from horror, torture, dark, and alone. This experience was equated to torture. The negative and confusing thoughts were mixed with feelings of shame and despair. This led to unhealthy coping; many times, she felt overwhelmed and used more methamphetamine as her solution.

> Violet: Well not like tortured physically, but just like, tortured mentally because I didn't know what was happening, I, you know, you just felt so alone, I felt empty and I felt alone, and I felt, uh, like this horrible bad person that didn't deserve anything good. Um, you know, and I felt like my kids were probably in better places, and um, I didn't really even know I had an addiction problem. And I knew I had an issue with drugs, but I didn't know I was addicted, if that makes any sense. I knew that somehow the drug I was doing was messing up my life. But it was also my answer.

The fear she experienced was also expressed in the relationship with her social worker. Violet did not feel that her worker cared about her and often felt judged; the worker was described as hard and cold. She did not know what her rights were in this situation and that further increased her insecurity.

Mountain. Violet's involvement in the child welfare system was portrayed as a "mountain." During this part of the interview, it was hard for her to find the right words to describe what this experience was like. Something that would have helped her is to have had someone say, "do one thing at a time." The mountain looked too big for her to climb.

> Violet: Well, I just always felt in the dark, I didn't know I had any rights, so I didn't know what I had the right to do. I, uh, felt like, I was pushed into a corner, I-I just remember feeling that, um, I felt very judged. Very like, I can't really explain the word, but I just alone. I-it's that the only way I can describe it, really is. I didn't know what I was supposed to be doing. They would tell me to do all these things, but yet, how do, how am I supposed to do all these things, you know?
>
> Joey: What were some of those things that you had to do?
>
> Violet: Like, uh, go to treatment, uh, do what the treatment lady says, um, get a job. Find another place to live. Uh, have, leave your husband, um, go to inpatient, uh, get a job. You know. And now all these things you're supposed to do without, first of all, you don't have a job, so how you gon-supposed to get into treatment, and you don't have insurance, and so how are you supposed to get anywhere, and you already owe money at these places anyway. And they won't help you unless you pay it off. So, you don't have a job, so how you supposed to pay it off? And you can't have a job because you don't have a license, and how you supposed to get to work if you didn't have a job, and you know? It just seems like everything is against you, and this huge mountain that you created it, in your life, just keeps getting bigger. And you just, you're standing at the bottom of this mountain staring up and you're so tiny, and it's so big. And you're so overwhelmed. And your only answer is to just get high.

Her account of this process flowed easily and expanded on what her mountain terrain entailed.

Appreciation. Even though Violet was afraid and had to overcome a mountain of obstacles, she was able to identify some benefit from her experience. This was appreciation for

her worker to ensure that she was involved with DHS for a long time. Her involvement helped solidify her own recovery; something she needed.

Experience of Moms off Meth Group

Violet expressed multiple benefits from participating in Moms off Meth group. The Moms off Meth group was a place the first place that told her she had made bad choices but that didn't mean she was a bad mom. This altered her belief of worthlessness. Moms off Meth group was a place of connection "you weren't talking to someone who told you how to be, or how to act; you were talking to people who living it with you." Moms off meth group was a place to not only connect but to have fun. The core elements of her experience were safety and empowerment.

Safety. She describes safety as being with other women who have been through similar experiences as helpful. They were able to provide support, solutions, and understanding. Also, being able to admit actions that triggered a lot of guilt and shame as a mother with other women who have been through or made the same choices was a very important part of her experience in Moms. One memory that stood out was when she threw a ball back and forth in group sharing painful memories needing self-forgiveness. The connections at the Moms off Meth group were powerful for her.

Empowering. Having support for court and learning how to speak up were important for Violet. Not only was the empowerment when she was being supported but it was empowering for her to support other women at court.

> Violet: It was nice because when they had court, other women would go in there and sit. And you would feel empowered. Um. And that's something huge. That did teach me how to... I felt strong enough that I could say what I wanted. What I needed. Ask for what I needed. I never knew I had the right to do that. You know, to ask for what I needed.

Moms off Meth group was the foundation she needed to learn how to help advocate for herself and others. It also gave her a purpose for her recovery, which continues today, over 14 years later.

Violet used powerful words to express the strength of having support from other moms who were going through or having just went through the child welfare system. This was not the same as in other meetings; she was able to share about recovery concerns and being a mom. This was vastly different from other 12-step meetings. Violet also felt more empowered as her stigma about methamphetamine lessened. This occurred as social workers referred mothers in the system for other substance related problems. She realized that those mothers were more like her than not; they had many of the same problems and experiences.

> Violet: …we're all moms, in the system, at that time. And so... Or recently in the system and now... So, I, I feel like I just, that was just powerful. I can't, it's just powerful to be in a room with a bunch of women that are all moms, that are all going through the same thing, and that all have success stories of how they overcame something that maybe somebody else is going through. And being able to suggest things and say, "Hey this is what worked for me." Or, "This is how I did this," I don't know, it's just powerful to have that kind of unity.

The women in Moms off Meth group were “inspirational” to her until she had reached stable long-term recovery. It was one of the “steppingstones” in her recovery and purpose in life to help other women.

Experience of Recovery

Violet had been in recovery for over 14 years at the time of the interview. This recovery started during her child welfare involvement, which helped her navigate successfully to get her children home from foster care. Her recovery consisted of 12-step meetings, Moms off Meth group, being a peer support, and her faith. Recovery has also been a process of her learning how to manage various mental health concerns. One of the biggest challenges of her recovery

experience is coping with the addiction concerns of her children. The key concepts of this experience are connecting and rewiring.

Connecting. The theme of connecting describes her experience of recovery. She connected with others and described the most important part of her recovery being in connection to something new. The connection that was most important for her is her spirituality; she described Jesus as her savior that she could not recover without Him. There were numerous other spiritual examples about the people that she's met in recovery; some of these people have helped her and some of them are people that she has helped. This connection included her being very active with service work. The people that she's met in recovery are critical in helping her overcome and grow in recovery as she struggled with depression and anxiety.

> Violet: And my spirituality is probably the biggest thing I got from my recovery is, my relationship with my, with my higher power. Whom I do choose to call God, he's my higher power, Jesus is my savior and um, so that's huge, just having that relationship.
> Joey: Tell me a little bit about like, how is that such a, the most important part of your recovery.
> Violet: Because I can't do this without him. You know, he is my strength and uh, my friend always tell me, you know, that um, he does for us what we cannot do for ourselves, and, and I truly believe that you know, the day I hit my knees and, and asked if, you know, told him I wanted to either live or die, but just not to let me live that way no more and –

She discussed many aspects of her faith that included a spiritual experience crying out to Jesus. Also, Violet made a specific differentiation that she was not talking about religion but spirituality.

Rewiring. One of the crucial aspects of Violet's recovery was and still is the "rewiring of her brain." Her thoughts have drastically changed. At first, she was going to meetings to learn that drugs were not the solution to her problems. She was also learning how to have fun differently and interact differently with others. Over time, this has continued to be rewiring and

changing her negative core belief from worthless to worthy. Asking Violet how her recovery has changed over time provided succinct response to her recovery experience.

> Violet: Well over time it has, because you know, in the beginning it's all about not using. You know? That's what it's all about. Is getting through life not using, and today it's not like that for me, I, I don't think about using, rarely, when I have issues come up anymore. It's not my first thought, that's for sure. Um, rarely is it a thought. Sometimes it is. It'll probably always be a thought. Occasionally. But that's what's changed the most is that, it isn't about that no more. And I realized that drugs weren't my problem. I was. I was my problem.
> Joey: So, what's it about? Just, you? Then or what?
> Violet: No.
> Joey: It's not about the drugs, then why do you think that is? That it's about then?
> Violet: Well. I don't think that drugs were my problem, is all I'm saying is, I think they were my answer. And, or were they my s-symptom, I don't know. But my brain and the way that I think is what my problem is. It's the, it's the, and alcoholism, it's the isms of the alcoholism, it's the, you know, Narcotics Anonymous, it's the, it's the parts that you don't think it should be that are the parts that are wrong. Rewiring yourself, that's what recovery is about, is rewiring... I have to go to meetings, I have to talk to people in recovery, I have to be around recovery because my brain goes right back. I call her, "Criminal Violet" but you know. That's what it is.

That rewiring has been active work on her part for the past 14 years. The changes in her thinking were facilitated through her continual recovery experiences at meetings, service work, Moms off Meth group, peer support work, and facing her challenges.

Cierra

Cierra is in her mid-40s. She has two children, works full-time, attended some college, and does not receive any public assistance. Cierra grew up in a household where both of her parents worked. This required her to be a little more responsible as she needed to care for her siblings for a few hours a day to fill the gap between her parents work shifts. She reported no current mental health diagnosis but reflected about being a very hyperactive child and that in-spite of negative testing results she probably did have ADHD. Her substance use began with alcohol at age 16 until the age of 25 when she began smoking marijuana and using

methamphetamine. Her current supports are family, faith, community agencies, non-using friends, recovery peers, and spouse.

In her youth, Cierra experienced emotional abuse/neglect and childhood sexual abuse. Two foundational events impacted and traumatized her as a child. One of these events that eroded her trust was not being informed of what was happening about a sick parent. Her father was "sick" she was told, but later she found out that he went to treatment for drinking. She thought that he had cancer or something and terminally ill. This memory was told full of emotion during the interview. It was the first moment that shook her trust in people. As a young girl, she was introduced and attended ala-teen for years. This knowledge of addiction and experience of recovery helped create some fear in her about using substances. The second traumatic event was her sexual abuse of which she did not elaborate on during the interview.

The impact of experiencing abuse contributed to promiscuity and poor choices in romantic relationships in her adolescence. As an adult, she also experienced multiple forms of abuse (physical, sexual, isolation/control). This produced low self-esteem, isolation, and insecurity in her own decision making. Her self-esteem was devastatingly low and she even contemplated suicide until she became a mother. Cierra received counseling services that assisted her in processing adverse experiences from her childhood.

Experience of Methamphetamine Addiction

Cierra was not one to use illicit substances until her marriage ended after seven years. Her illegal substance use began with marijuana and then progressed to methamphetamine on a whim the first time, mostly out of spite. Out of spite from the control she experienced and the satisfaction of doing whatever she wanted. The first method of use was unique and done through oral ingestion. 'I could not remember it doing anything to me." However, her friends were

shocked, and they could tell she had used. The awakening for her to realize she had a problem was when she almost drove without a license to get methamphetamine. Methamphetamine was something that helped her juggle the responsibility of being a single, working parent and going to school. The core elements for her methamphetamine addiction are escape and blur.

Escape. The element of escape describes her methamphetamine addiction. Cierra did not have sufficient coping skills to manage the emotional turmoil from her experience of domestic violence and methamphetamine helped her to escape the pain from her abuse. Even though she has experienced many years of non-use, she shared that even thinking about her past traumas or using methamphetamine can initiate a craving and the desire to escape from the emotional realities of life. Even today when a difficult experience occurs, she still wants to escape her feelings and responded that she "… only deals with it a little at a time". Her little bit at a time is done through identifying her feelings and journaling them. The difficulty of her emotional coping was evident in the interview when her eyes would frequently swell up with tears and eye contact shift. She also reflected that it had been a long time since she has processed any of these experiences and was thankful the interview helped her to reflect on her experiences. Cierra described that, looking back, her methamphetamine was a form of escape. "I just did not want to deal with life, it was a form of running away as you could say."

Blur. The experience of her methamphetamine addiction that really stands out to her is all the lost/bad memories. At this point in the interview, you could hear the sadness reflected in her voice as she described pictures from that time. There were good memories, but there are some that stand out because she can't remember what had happened. For example, she wondered why her child had taken a picture of her sleeping.

Joey: So, dealing with that part too then sometimes?

> Cierra: And that's upsetting because it's almost like- I- kind of compare it to having Alzheimer's in a sense because you don't know what happened or what's been- but you know something happened. Does that make sense?

The regular journaling that she did when she was clean would be filled with big gaps and continues to be a blur for her, even when she looks through pictures.

Experience of Child Welfare

Cierra became involved with DHS after her former spouse moved back to the area and her teenaged daughter revealed to him about suspicions of Cierra's use. There were a couple of previously unfounded investigations over the years and then an investigation about drug paraphernalia resulted in her daughter's removal from her. The conflict from that former relationship made it difficult for her to navigate the child welfare system because she felt as if everyone believed his lies.

Cierra put in the difficult work for her daughter to be able to return home, however, she made the difficult choice to let her daughter remain in the custody of her father upon completing the child welfare requirements. During the interview, Cierra expressed the internal conflict of reconciling her needs with those of her daughters. Cierra's daughter had adjusted to a new school and she did not wish to disrupt her wellbeing. Therefore, she painfully allowed her daughter to remain with her father. The narrative Cierra told during the interview was how she understood her daughter wanted to spend more time with her dad as she had always facilitated this relationship and stated that he was a good dad.

Cierra's response was confident, and she used a firm voice after being asked what her experience with the child welfare system was like. There were times she felt judged and experienced being stigmatized. The core theme/element of her child welfare involvement is judged. She did not feel supported by her worker and shared about a very hurtful experience well

after her involvement ended. Her child welfare involvement did connect her with peer support and the mom's group. The parent partner provided her support at family team meetings. It was a challenge for her to learn to reach out for help from other people. When asked what the biggest challenge was, there was a pause; the response reflected personal responsibility of taking her own inventory. This was a skill taught to her from her early experience in ala-teen.

Judged. Stigmatized, labeled, and judged were three descriptors that flowed quickly out of her mouth during the interview. The feelings of her being judged were a complexity of the DHS involvement and the difficult feelings that were triggered from the abuse she experienced in her marriage. This experience did not remit. You could hear the discouragement in her voice as she shared about a family team meeting in which she felt attacked.

> Cierra: I felt- I- I-, I got a- I can think about that. I felt labeled. Um, and I'd do anything to- just didn't have anything- just get my child back, that was more- I had no problem- I didn't have a problem with that. I wanted my child back and that would make me focus. Then I'd be clean, then they'd be accusing of not being clean at first and it- that was a battle, that was a struggle. That was bad because I was doing what I was being told but nothing came out of it.

The theme of judgement was also exemplified when asked about challenges that were harder to get over that stood out to her. After being out of the system and in recovery, she went to support someone else at a court hearing and was asked to leave by her former worker.

> Joey: …if you remember certain challenges that were harder to get over or something that stands out to you or feelings at the time?
> Cierra: When I went to go- one thing that stands out the most was probably when I went to go support somebody else getting their court hearing, I also had to leave because they thought I was a bad influence on the [inaudible] how would you- that's because I was in the system at a point now I'm not no more, you're labeling- that's the labeling that came about-
> Joey: The labeling.
> Cierra: By my same supervisor- my caseworker that had my case. And nowadays, I see her, and she doesn't even recognize me. So- she didn't really know who I was to begin with.

Her experience of being judged lasted beyond her involvement. Her ability to make sense of what that means for her today was succinct in that statement. It is how she reconciled that experience and moved forward.

Experience of Moms off Meth Group

Cierra was first introduced to Moms off Meth group through friends in recovery. There was a unified feeling with the group and very important to her as being a people person. She described Moms off Meth group as women united in the same fight. The core elements of experience from the Moms off Meth group participation are comradery and awe.

Comradery. As Cierra shared her experience of the Moms off Meth group, the term comradery came up quite a bit. She also was able to connect how important groups have been at various times in her life and how important people are to her. The Moms off Meth group still creates a spark of unity when she runs into former members. The group was there for her during one of the most difficult times in her life.

> Joey: What do you remember about Mom's group, what was good about it or how was it helpful?
> Cierra: It was something- I liked it because it was um, I didn't think- it was almost like, kind of like Al-a-teen all over again, it was a group that we were all united in the same fight, we're all trying to get- either get our kid back or had our kids or trying to fight with life in general with our kids, um, the camaraderie, it's just the- I'm a big treat- I'm a big people person, I like to be around people, I'm not- I do okay by myself and I like to be by myself sometimes, but I like to be around people that's just who I am. That's how I run, so I like that kind of- being around people that obviously have the same goal…

The memories from being able to reach out for help and get support from other members were important. "…people would go to court with each other and if you needed something, they would always be there for each other." At such a low point in her life, it left a lasting impression on her those other women were there supporting her.

Awe. One experience that stands out to her the most is going to the Moms conference. As she shared about the experience, she gave a great metaphor to describe the impact of this experience. It was a creative type of metaphor to describe feelings of awe.

> Joey: What stands out to you about that?
> Cierra: All the people. All the moms. That's kind of heartbreaking [inaudible] all the moms, yeah.
> Joey: What are you feeling when you say that, when you think about that memory?
> Cierra: Well, I mean all- it was a good memory, but it's um, how many- it's not just me and ten of us in a local area- there is so- the world is so big.
> Joey: There's so many moms-
> Cierra: Sad. Really sad.
> Joey: Yeah. So many moms out there-
> Cierra: The link is as big as my body even- and not til then did I realize how big these ropes, these ships really were. See on TV you see- yeah, okay, I know in my head they're big, but til you see it in real life, the concept of how big it really is, I- it just- that blew me away. So, that fact of the mountain, how big the group of people that was, it just- you- you can say I don't know, a hundred thousand people, can you think- do you know what a hundred thousand dollars looks like? Not particularly, but if you saw it, it'd probably put you in awe at all, how big it would be.

Her experience of this conference, also a form of connection, connected her to the reality that she was not alone.

The awe of her Moms off Meth group experience continues today as characterized by a restorative depiction in her self-narrative from her initial feelings about being a Moms off Meth group member to her current day experience.

> Joey: Did the Moms off Meth group impact any way that you looked at like self-advocacy, relationships with other women or like stigma of addiction or support? Did it have any impact on how you looked at that or raise awareness of that for you?
> Cierra: I know at first I [inaudible] because we had t-shirts made and wearing them that Moms- it said it bright as day on the back, you could not miss it. And I'm kind of hesitant about wearing the shirt at times and over the years, it doesn't bother me at all, people ask me about it, still to this very day when I wear my t-shirt, Moms off Meth, what's that about? It does come up, cause- what does your shirt say? You read it correctly. It throws people off for a loop when they see that shirt, but I wear it, I wear it proudly now. I used to be more embarrassed by it, but

> I can wear it proudly now. I still wear a shirt- I- like I said I still wear the shirt still to this very day.
> Joey: What sense you make out of that, that that shift of at first it was hard and then you can wear it-
> Cierra: Because of guilt I think, being guilt- the guilt of that-
> Joey: From using?
> Cierra: From using, yeah.
> Joey: That's cool.
> Cierra: And that- I wear it with pride now.

Experience of Recovery

Cierra processed her experience of recovery and identified the core elements as dealing and empowerment. Her recovery was motivated by the relationship with her daughter. This motivation fueled her ability to recover, and the power of this relationship also threatened her recovery as the hurt and rejection caused by the rupture in her relationship fueled a relapse. Empowerment was a primary element of Cierra's recovery process as her self-worth was repaired. The motivation for recovery shifted from being for her daughter to being for her.

Dealing. There are a few ways that the core elements of Cierra's recovery are dealing and empowerment. The dealing covers many facets, such as facing feelings, growing up, and dealing with death. In the beginning of her recovery, dealing was "very scary" and the pain of her daughter rejecting her was too much at one point and part of why she experienced a brief relapse. This rejection continued for a couple of years. However, every time there was a school event, she would force herself to face this rejection. It was "scary," and she did not want to keep dealing with rejections, so she decided that she needed to stay sober, and she did.

As she reflected on her recovery, Cierra described an increasing ability to handle life's challenges. Cierra shared her process of maturing and how recovery meant growing up. Being able to look back on the experience means that she dealt with her reality and grew up. In the past,

she used to run from painful emotions; she is still in active recovery and sometimes struggles with handling difficult emotions. This is a continual “recovery program” for her.

> Cierra: It makes me feel like I've grown up. I've become an adult, I'm adulting you could say. There's time that I still try to avoid things that I [inaudible] some stressful thing comes up I don't know how to handle it or, um, death, I've been dealing with a lot of death lately. That's a rough one. Especially friends my age, um, hmmm, that- but the fact that I'm actually dealing with it shows me big leaps and bounds from before. Cause there's times I still try to avoid it, I just don't want to deal with it or put it on the back burner, I'll look at that later when I feel a little stronger or more- but I don't go run- I don't go run to douse out the emotions, I've been trying to- my own little recovery program I have for myself is- lately I've been trying to identify what the emotion is I'm feeling cause I can't iden- I can't identify what emotion it is, what emotion I'm actually feeling. I struggle with that

One of the most impactful aspects was dealing with the rejection and judgement that she endured when her daughter changed schools. Cierra was an active parent and had to overcome feeling invisible.

> Joey: Then that helped your recovery?
>
> Cierra: That did help my recovery because that made- this, this was all worth- it is worthwhile. It- this is what I- this is what I've been striving for for so long and I get- just a little bit longer, just hold off a little bit longer, just- I'd call my mom cause my mom and I used to fight. Mom, how did you know that I loved you, she goes, I didn't. But I just had faith in myself that you- that you knew that I loved you. And I'm like- well I always knew you loved me mom. Well, I didn't know that. She goes, same thing you're feeling right now. You- you know- you know you love her and somewhere in her she knows she loves you. She's just not wanting to show that to you yet. You just got to have faith and just hold on. And I did. But it was-

This meant she fought to remain actively involved with her daughter and worked to overcome the rupture in their relationship. Dealing with this was meaningful for her because recovery brought repair to her mother-daughter relationship and she was able to be included in her daughter’s life again. Hosting her daughter’s graduation, being at her wedding, and witnessing the birth of her grandchild was when she realized she was in the phase of restoration, which making all the work worth it.

Empowerment. There were a few times that Cierra stated she would do anything for her daughter and this was evident in her ability to face difficult emotions and make behavior changes. She also disclosed a pivotal point in her recovery with the realization of recovery needing to be for her. Her recovery experience was learning that she could not live just for her daughter.

> Cierra: Um, and I- I contemplated suicide more than my fair share, many times. And then I got pregnant and had a baby and I'm like I can't- I can't do this to my child. Well then when my child didn't want anything to do with me- so then I learned to live for myself, not for her. Does that make any sense?
> Joey: Mm-hmm (affirmative)
> Cierra: Okay.
> Joey: When did you do that?
> Cierra: That was during my recovery. That was definitely during my recovery because when she didn't want anything to do with me but I- [inaudible] why am I here, I have no reason to be here and that would creep up a lot of times and the um, I-
> Joey: You had to answer that question during that time?
> Cierra: Yeah. I had- and I had to do it for myself. I don't even remember what- know [inaudible] I don't even remember what happened exactly that it- that I knew that's the way it had to be. I don't- I couldn't tell you, I would have to- I would have to actually go back and read through and try to find that one, but it was a pivotal moment, I needed to do it for myself and I knew that I was- I think [inaudible] my counseling, because that's when I started seeing my counselor. I had to do it for myself.
> Joey: So then you- and that kind of helped you. So, mental health wise that kind of helped you like, to figure that piece out for yourself.
> Cierra: Right. It- I think she helped me reval- re- look at myself. I mean I knew I had do it- I mean I don't have problem looking at myself and- cause I got a lot to work on still, plenty. But um, to get myself- to make myself feel worthy to work forward. Does that make any sense?
> Joey: Mm-hmm (affirmative)

This part of the interview, a continuation from the previous conversation, is where Cierra utilized metacognition to reflect on a very important part of her recovery experience (Siegel, 2012). The important aspect of the recovery experience was when her metacognition resulted in the ability to see that staying clean was easier after she realized it was her choice. This insight about her recovery experience seems to be meaningful with supporting her ability to make sense of her recovery, child-welfare experience, and recovery experience.

> Cierra: So once I did that, then it seemed to be easier to- which doesn't make any sense, but it does. That's- I felt it was not easier, but just- it felt- I don't know it felt easier, my reasoning for everything else made it- it was easier to- because I want to because I choose to, this is what I want. If it's-
> Joey: Like your choice?
> Cierra: It was all my choice. I had the power; I had the control.
> Joey: Being empowered.
> Cierra: Yeah.
> Joey: That's nice. Um-
> Cierra: And I had lo- I lost that control for a long- felt like I lost it for a long time so I might- and I wanted that back so- something that I wanted back and I didn't know that I could ever get it back, so when I got it back it was like, I- I do have- I've always had this power, I just didn't know- I didn't realize it or I didn't- I don't know, I've always had the power, I just didn't feel it and when I started feeling it, it made a difference.

Dealing and empowerment are very important parts of her recovery experience and still being used to shape how she experiences recovery. During previous parts of her interview, she was notably anxious, as she hadn't had to process her experiences or even look back through these experiences in a while. At this point in the interview, however, she looked and sounded more at ease. She even reflected after the interview that it was helpful for her to go back and process her story.

Even though she still struggles with sharing emotions, she continues to grow in her recovery. Her choice to do the interview was also a part of that growth. When asked about any final thoughts related to her experience of methamphetamine addiction, child-welfare involvement, recovery, and Moms off Meth group she was able to provide further insight into the essence of her journey.

> Joey: What else do you- can you think of that might be important about your experiences of all those things and like- what would you want to tell me about that or what would you want other women to know I guess, is there anything you can think of?
> Cierra: You know, I think- the question I've asked myself before is what could I have told myself, younger self to make me prevent me from having all these heartaches, and there is not a damn thing that I could've told my young self that my young self would've listened to, to be honest. I wouldn't have listened to myself anyway, cause I was going to learn it the hard way that's the only way- I was hell bent, it's just the way I was, I just- I-

> there's nothing I could've told myself that I would've actually listened to because I had people tell me, all forms of people tell me, some of it I- some of it sunk in, some of it didn't, but couldn't tell you why it sunk in or why it didn't.

Cierra experienced adverse childhood and began drinking at a young age. Her use of methamphetamine began after an abusive relationship out of spite. This eventually spited herself as she later became involved with the child welfare system and lost custody of her daughter. Even though her child welfare experience was not as she had hoped, there was a process of acceptance and surrender of what she wanted for the wellbeing of her daughter. Cierra experienced Moms off Meth group as an empowering support that helped her face her shame. She is proud of her recovery, which became much easier as she realized the importance of doing it for herself.

Sally

Sally is over 50 years old and has a substantial amount of time in long-term recovery. She describes her youth as having adverse experiences such as parental substance misuse (alcohol), divorce, childhood neglect/emotional abuse, and sexual abuse. The impact of that adversity reportedly has impacted her self-esteem and increased her fear of relationships. She goes to Alcoholic Anonymous (AA) meetings and has support in many other ways with family, friends in recovery, a sponsor, and non-using friends. There were no reports of mental health concerns for her other than when she struggled later in her recovery with some depression.

Experience of Methamphetamine Addiction

Themes related to her methamphetamine use are connection, accomplishment, and no escape. Substances were used to help her connect with others. After using methamphetamine, Sally felt as though she was finally getting her life together because she finally had money and

was no longer poor. That did not last as her addiction increased its grip on her life and she prayed for God to end it.

Connection. The element of connection is used as a self and self-other experience. The self-connection was the increased ability to be present and energized. The self-other connection is related to her other experiences of substance use (i.e., alcohol, pills, acid, and marijuana) when she was 11. It was hard for her to cope with the turmoil at home and her frequent moving. By using substances, she could more easily socialize. When she used, she felt connected to others and found others who were like her. When she was 23, methamphetamines showed up at the bar.

> Joey: Can you describe to me a little bit about your, methamphetamine addiction, what it was like for you?
> Sally: ⋯it was kind of like I felt with alcohol the very first time. I felt connected, I felt wide awake, I felt, you know, present, um, and I didn't have any blackouts, so I really liked that.

Accomplishment. This provided her with a sense of accomplishment by not being poor as she was dealing to support her habit. Within six months, she started administering methamphetamine IV, which continued for ten years straight. Her sense of accomplishment only lasted a year and she was brought back to reality when her son's teacher spoke to her about her son being depressed in school. Sally decided to stop using; her parents involuntarily committed her to an inpatient facility. She felt good, knowing the answer was sobriety.

No escape. Sally was not able to stop using. She began to eventually hate herself. There was no escape for her from the addiction. She continued to use and had more children. She was using a lot and unable to financially support her habit.

> Sally: …we moved everywhere…I stole from the stores during the day and, you know, shot up every night, uh, finally got into a house. This really kind man let me move into a house and, um, and that's kind of where the beginning of the end started. I started getting in trouble for shoplifting and, um, went to jail…

The running and the hiding all ended when she went to jail. There was no escape this time. She thought she would be able to sleep it off. However, she ended up being sentenced to 60 days in jail. This caused the Department of Human Services to remove her young children. Her children were placed with relatives.

Experience of Child Welfare

Sally shared openly about her child welfare involvement and the challenges she faced. In the beginning, she felt overwhelmed by all of the requirements placed on her. Her worker was very supportive and knowledgeable about recovery. This helped her to be engaged with recovery. Sally just did as she was told in the beginning out of fear. However, she described her child welfare involvement as a very supportive experience. Themes related to her child welfare experiences are answered prayers and fear.

Answered prayers. Sally had prayed for relief from the suffering she experienced in her active addiction for well over ten years. She was unable to quit on her own. Her being in jail and forced with treatment was part of her prayers being answered. When she got out of treatment and jail, she was homeless, and she had hardly any support. Her family did not believe she could stay sober. With no place to stay, she went to a shelter. This environment proved to be very supportive and another answer to her prayers. “I think it was the best thing that ever happened. It was the hardest thing that ever happened, but it was the best thing that happened for me.”

Fear. The other theme relating to her child welfare involvement was fear. For Sally, the fear of losing her children caused her to take action. The social worker informed her upfront that she was not there to be a friend, but to keep her children safe. It was hard staying clean in the beginning. It was also hard learning how to navigate the system. But with the support of the shelter staff, she kept doing it. Even though she was experiencing so many positive things in

recovery, she experienced a couple of relapses. At first, she decided to keep her last relapse a secret, however, she felt so awful she told her social worker, who gave her one more chance.

> Sally: I didn't have my own voice, but I was so afraid that I just did whatever they said, you know. I didn't get mad. I didn't walk away. I just was so afraid that I didn't care at that point. It was just kind of a blur, you know.

Experience of Moms off Meth Group

Sally remembers using her own experience to support other moms who were involved with the child welfare system. She shared that empowerment was a primary aspect of the Moms off Meth group. The group was a place where the women could go on their own; not court ordered to attend. This was also a place for healthy accountability, not being a victim, and taking responsibility for her life. The themes related to her experience of Moms off Meth are safe place, activist, and giving back.

Safe place. Sally repeatedly mentioned how the group was a safe place to share and be open about the reality of their experiences. This created a place where it was possible to share solutions for common concerns with staying clean, relationships, parenting, guilt, shame, and navigating the child welfare system. This safety also lessened the fear of the child welfare system. She shared memories concerning differences in attending court proceedings, writing individual court reports with other members, and attending court hearings to support members.

Activist. Sally shared how excited she was about the change happening in her life and in the personal lives of the women and in the community. Her being an activist in her own life and the community brought about local and statewide system change. The women in the community were feeling empowered because they were invited to local planning meetings and that changed policies and practices in the community. "I decided I can't be a victim. I learned a lot about that

in AA." Sally was also sharing about accountability; "If you walk in there and can't take responsibility for having your kids removed, coming from women in the system, it helped a lot."

Giving back. This was described as a time where in the community, she felt like change was being made and this was new for her and all the members. "We were being seen as experts on addiction instead of users of the system." She felt a part of the community for the first time, and it changed her too. "It's not just vision for how do I get my kids back, but how do I expand my life."

Experience of Recovery

Sally has been in long-term recovery well over 15 years. There have been many things that helped her grow and change. She shared about her experiences of recovery and the themes are meetings, surrender, and growing.

Meetings. Sally has been actively involved with 12-Step meetings. In her early recovery, this helped her begin to stay clean and sober and focus on getting her children home. They were supportive and she felt celebrated. "I had to go to AA meetings in jail, and I got the words to describe what was wrong with me."

Surrender. Sally described a couple of relapses in her early recovery. She had been working hard and then relapsed. After she had a reoccurrence, she described the ability to regain her hope and feel good about recovery, except for during the last reoccurrence.

> Sally: I just couldn't get that happy, hopeful feeling about recovery again and, and I was feeling really down about it and I just started crying and I got down on my knees beside my bed and I just say, "God, please help me." And, uh, that next day, nothing had changed, but everything was different. I just had this feeling, this expectation, um, and hope.

Sally describes this surrender as when her recovery really took off; her ability for taking responsibility for her life really grew. She had her girls' home and began the next phase of her recovery, giving back. She got a new job at the crisis center to help other women.

Growing. Recovery identity for Sally has changed over time with having a great passion and being able to give back. She provided a lot of peer support and has had to continue to work on helping herself and exploring who she is outside of "Recovery Sally." Being a support for others there was a spiritual toll on her. She had to take space so that she could allow for other things in her life. "…I needed a break…I just wanted to be Sally…"

As she concluded the interview, it was evident that she has acquired a confidence and self-efficacy in her ability to recover. One aspect of her narrative that runs through her experiences is the desire for having a purpose or passion in her work on a daily basis. This connects through the story and is repeatedly related to the work she is doing to help others. Her experience has expanded outside of those with just substance issues and has connected to her broadening spiritual experiences. She recently transitioned employment after the company she worked for downsized. Her ability to utilize recovery principles and spiritual meaning to this difficulty was verbalized and evidences her own growth in recovery as she stated, "…there's a difference between being sober and growing…if you're not moving forward, you're moving backward." In the past a lack of fulfillment in her work was a relapse concern, today, that type of stressor does not cause a concern for relapse as she has tools, awareness, and support.

Sally experienced multiple traumatic experiences in her childhood that had a direct correlation to her experiences of methamphetamine addiction and child welfare involvement. Her narrative about the Moms off Meth group and recovery revealed the work that helps sustain her

recovery and how important giving back to others and the community helped her maintain her recovery.

Composite Depiction

These numerous examples of narrative provide insight into the experiences of the individual participants with themes that are unique to them. Yet, when looked at in tandem, it provides the whole view. As required with heuristic phenomenology, this focus on the individual is then transferred to the group as a whole. The conclusion of individual focus to the widening of the whole view illuminates the lived experiences of the Moms off Meth group members in the composite depiction.

A Composite depiction is a process of identifying common elements and themes that the group has experienced as a whole. The "whole" for this depiction is the Moms off Meth group members, which includes interviewed participants, archival survey data, and archival media (news articles and video). First, this composite depiction consisted of reviewing the elements from participant interviews that provide a group representation of the lived experience of methamphetamine addiction, child welfare involvement, recovery, and Moms off Meth group participation. Then this composite depiction was uniquely augmented with archival data analysis, which provided an enhanced understanding of the group as a whole and an avenue for the process of data triangulation as discussed in section three of this study.

The analysis included multiple forms of data, such as interview data, archival survey data, and archival news stories. The findings are displayed in various tables and figures. The reader should keep in mind that the heuristic tradition allows for creative freedom in analyzing and reporting the data. The data for this composite analysis included interview data from the five

participants and their individual depictions, the archival survey data from the Moms off Meth survey data (n = 88), and archival media (news publications/videos).

The interview data consisted of the interview transcripts, field notes and the previous individual depictions. The archival survey data was transferred into the Statistical Product and Service Solutions (SPSS) software and explored. Survey questions connected to the study's research questions were chosen. The analysis of data herein is from open and closed-ended questions. The analysis that was completed focused on basic descriptive analysis. With recoding, the closed-ended data took shape and provided a more defined snapshot of the group members' experiences. The open-ended questions were reviewed for thematic analysis as revealed below. There were other potential possibilities for analysis, however, that was far beyond the scope of this research.

Table 4.3

Composite Element of Experiences by Research Question

Participant	Addiction	Child Welfare	Moms Group Participation	Recovery
Alecia	Escape, Bewitching, Surviving,	Fear, Rescue	Synergistic relatability, Empowering	Believing
Justice	Escape, Self-Medication, Empower, disempowerment, shame	Struggle, Medication, Empowering Others	Relatability, Fun	Lonely, Connections
Violet	Evolving, Empowering	Fear, Mountain, Appreciation	Safety, Empowering	Connecting to Others, Rewiring, Life
Cierra	Escape, Blur	Judged	Comradery, Awe	Dealing, empowerment

Sally	Connection, Accomplished, Escape	Fear, Answered prayers	Safe Place, Activism, Giving back	Meetings, Surrender, Growing

Note. This table provides a summary of the themes from interviews by research question.

The above data analysis first provides the composite interview findings (Table 4.3), and then delves into the archival analysis and data triangulation according to research questions. The multiple tables and figures enhance the comprehension of the common experiences. This analysis revealed the complex realities of the Moms off Meth group. A summary for review of the individual depiction themes is also provided in Table 4.3 (above) for reference in the composite depiction. This analysis also helps to facilitate and bring forth the transformation of the author, of which are shared in the last section of this study.

Composite Experience of Methamphetamine Addiction

The lived experiences of the participants had many dynamics of which were present in the sharing of their story. Table 4.4 provides a summary of common adverse experiences that impacted the participants' route to methamphetamine addiction. The summary includes experiences of childhood abuse, witnessing domestic violence as a child, experiencing domestic violence as an adult, education, and mental health concerns. Differences existed in one who did not witness the domestic violence as a kid, one that did not experience domestic violence as an adult, and one who had not completed high school. All of them had survived some form of childhood abuse and mental health concern.

Table 4.4

Common Adverse Experiences

Participant	Childhood Abuse (P, S, E)	Witness DV	DV Adult	Mental Health
Alecia	P, S, E	Yes	Yes	Yes
Justice	P, S, E	Yes	Yes	Yes
Violet	P, S, E	Yes	Yes	Yes

Cierra	E, S	No	Yes	Yes
Sally	P, S, E	Yes	No	Yes

Note. P, S, and E stands for Physical, Sexual, or Emotional abuse and DV stands for domestic violence.

The interviewees often described the first time they tried methamphetamine and the circumstances surrounding what led to that first use; there was congruent features to their stories. The two common themes related to this first use were excitement and impulsivity. These themes are presented in narrative form below. The initial use often began under the influence of another substance. This first experience of methamphetamine prompting the influence of another substance was also part of an impulsive social interaction. An experiment of fun gone awry and resulting in tremendous devastation.

> Alecia: And when methamphetamine come around, um, I-I was 19 and, um, uh ... it was, you know, it was that amazing, oh, my God, what was this stuff? It was that feeling of ... God, I can, you know, do everything, get everything done… in the beginning it was ... I, even in towards the end I was, tried to tell myself I was a recreational user, it was just a weekend thing. And then, you know, it led into longer times, long periods, um ... You know, in order to support our habit, it was u-us becoming the drug dealers.
>
> Justice: when I was introduced to it my friend was like, "Oh you want to try this, and it- it'll make you ... you're- you're gonna be, uh, you'll have a lot of energy, and you'll want to clean and you'll want to do stuff." And you know, it kinda sounded fun. Um, so that's why I- I kinda started using… Um, I like it because it kind of slowed my brain down, made me kind of focused more. I was able to get things done. I was able to- to write a- a list of things I needed to do, and I was actually able to accomplish them, and that's why I liked to use.
>
> Violet: Um, I wouldn't say when I started that I knew I had personal things from my past that affected me, that made me be encouraged to do the drinking and the drugs, but, you know, you soon find out all of that after you start. So probably the factor of just fitting in and, uh, having fun would be maybe what started the use… I was at a bar. I was drunk, and the bartender offered me a line, and I did it. And I was hooked.
>
> Cierra: it's just something I didn't want to try. And then I, um, I think it was just out of spite. Out of my ex-husband, he was so controlling that- I- I can do

> whatever I want, when I want, and you cannot tell me I can't,…Oh, it was a, I think it was just on a whim. Actually, somebody that said, I need to snort this. I'm like, "You want me to put that up my nose? Are you crazy?" My sister and I tried doing something like that with Pixie Stix when we were way young, because we saw it on TV, and it burned like a mother-. There was no way in hell I was going to put anything up my nose. It was not going to happen, I don't care what you tell me, it's not going to happen, um so I ate it instead… so then, as time went on, I was trying to be a single parent, go to school, work a full-time job, all that, all the stress of all that. And- and then just trying to, trying to deal with life itself, and trying to get divorced, and it was really hard to do, and trying to build my self-confidence back up, because I was so low I couldn't... I looked up and still saw down.
>
> Sally: someone brought meth in and I didn't even know what it was, but I tried it, of course, and I liked it from the first ... it was kind of like I felt with alcohol the very first time. I felt connected, I felt wide awake, I felt, you know, present… And I didn't quit using from the first time I used until 10 years later. I started shooting up within six months, um, and, uh, that's, you know, that's when everything really took off and I, and I started dealing to support my habit, and I had money for the first time, I was always poor, and I had money for the first time and so, you know, I felt like I had my shit together for the first time in my life.

Even though Cierra's experience of use evolved out of spite instead of fun, it still was done on a "whim." Methamphetamine use escalated quickly for all the participants after their initial use.

The overall impact of experiences with methamphetamine provided the following themes escape, depravity, self-medication, shame, and post-traumatic growth as expressed in the tables below. Visual analyses of transcript narratives revealed the various themes and are discussed individually as it relates to the composite depiction of the group.

Escape was a two-fold process; at first, methamphetamine addiction meant escaping from emotional or stressful circumstances and even feeling more successful for some. It then morphed into the object from which they were escaping. This was most often after the result of being arrested, evicted, losing romantic relationships, or child welfare involvement (see Table 4.5).

The glorious excitement long gone became a warden refusing to release them. They could not escape the turmoil from using methamphetamine.

Depravity exemplifies the theme depicting actions that resulted in the moral degradation that participants verbalized as a common experience of methamphetamine addiction (Table 4.6). These descriptive examples were shared through hindsight. However, the reflections and awareness of the participant members' moral decline also represents mindsight. Their internal dialogue, which warned or urged them to stop, was ignored. Leaving the ability to act on their internal values stomped out by their addiction. The crossing of moral lines and internal dialogue was separate from the resulting shame they experienced and discussed as the next composite theme of the group.

Table 4.5

Composite Theme of Escape

Escaping Circumstances	Escaping Methamphetamine
Justice: … I liked that feeling of being in control and having that power where people like respected you [00:50:30] and wanted to be your friend and wanted to ...	Violet: I hit my knees and, and asked if, you know, told him I wanted to either live or die, but just not to let me live that way no more
Violet: …I guess I just don't think I ever thought about anything. And that was nice... you don't have any inhibitions anymore, like, your past, whatever hindered you, was no longer hindering you. Especially like, for me in the sexual part, because I know my past had really affected my sexual nature	Sally: it was just this horrible nightmare of praying to God to end it all and I was too afraid to commit suicide, you know. I didn't want to do that cause I didn't want to leave my kids like that either, um, so, um, so I was just praying for God to end it, and that's how He ended it. You know, it was in jail with DHS removing my kids.

Note. Justice was able to escape poverty and Violet was able to escape ruminating thoughts from the trauma she experienced. Sally and Violet were able to escape the horrors of addiction through the spiritual practice of praying.

Table 4.6

Composite Theme of Depravity

Violet: … probably six months to a year, I went from not paying rent and putting my car up for money so that I could get more, and then losing my vehicle,...moving yearly. Getting, being evicted, type of stuff…	Justice: within a year I was, I was, uh, being, using it intravenously and then, um, that lasted ... I started dealing, and using daily…, that lasted a couple years, um, and then I lost my children, and my home, my husband, and my ... everything…Like, um myself. I lost myself.
Cierra: … Because I'd just, it's just something I didn't want to try. … Oh, it was a, I think it was just on a whim. Actually, somebody that said, I need to snort this. I'm like, "You want me to put that up my nose? Are you crazy?"	Sally: …Oh, I became a thief also. Uh, a thief and a manipulator, and my morals and values were lost also. And I didn't have any.

Note. Participants experiences related to violating moral codes

Violations against oneself caused experiences of shame. The shame experienced by the women was related to previously mentioned depravity as well as, poverty, abuse, loss, and harming of their children. These shameful experiences described ranged from being evicted, being arrested, experiencing domestic violence, being homeless, stealing, and losing a sense of self (Table 4.7). Most importantly, the women realized shame after they had lost custody of their children.

Table 4.7

Composite Theme of Shame

Sally: …I used all the way through both pregnancies, and felt ... I hated myself. I just absolutely hated everything about me.	Justice: …one of the big regrets I- I really regret seeing that, you know, introducing my little sisters to meth, and getting them hooked on it or wanting it...I did- I did all that, and it was just, I regret it. You know, I really feel ashamed
Violet: I was getting high somewhere and forgot to pick him up. And he sat in this truck outside for a while. And that was a really hard thing for me to forgive myself for.	Cierra: …And that's upsetting because it's almost like- I- kind of compare it to having Alzheimer's in a sense because you don't know what happened or what's been- but you know something happened.

Note: Participant examples of shame experiences.

Methamphetamine was often self-medication used to increase connection with others, feel present, focus, get things done, experience pleasure and manage psychological symptoms. It helped elicit feelings of accomplishment, adequacy, and invincibility. Their newfound desire to study and ability to fulfill obligations created an increased sense of adequacy. Self-medication was also a means to reduce or manage psychological disorder symptoms that provides an increased complexity in the experience of their addiction. The finding of the self-medication for underlying mental health conditions was evident in the visual narrative analysis. The mental health concerns were ADHD, anxiety, bipolar, depression, and PTSD.

The benefits of the self-medication were short lived and within in six months to a year the method, frequency, and quantity had increased.

Table 4.8

Composite Theme of Self-Medication

Sally: …it was kind of like I felt with alcohol the very first time. I felt connected, I felt wide awake, I felt, you know, present, um, and I didn't have any blackouts, so I really liked that.	Justice: …Um, I like it because it kind of slowed my brain down, made me kind of focused more. I was able to get things done. I I guess that whole time in the beginning I was trying to self- medicate and meth to me wasn't that powerful. It- it helped me.
Violet: …I just don't think I ever thought about anything. And that was nice... you don't have any inhibitions anymore, like, your past, whatever hindered you, was no longer hindering you. Especially like, for me in the sexual part, because I know my past had really affected my sexual nature.	Alecia: looking back on it now, I know that it absolutely helped me focused. I-I mean, I wouldn't have known it at the time. But now knowing that I'm ADHD and-and I understand that whole process a lot better. Um, I- I'd experimented with a lot of drugs.

Note: Participant examples of self-medication experiences.

The pathway to methamphetamine addiction and out was riddled with emotional pain and traumas. There were outcomes that displayed post-traumatic growth, the last composite theme of methamphetamine addiction. Post-traumatic growth is positive change after having faced life

adversity/trauma; this was often the message when asked what their methamphetamine addiction means to them now. The complex factors that interacted with methamphetamine to result in their addiction were childhood abuse (physical/emotional/sexual), domestic violence, early substance use, mental health concerns, poverty, and other traumas. The statements that represented this post-traumatic growth were uncannily almost the same statement for many of the women; a sense of acceptance as their experiences being a part of who they are (Table 4.8). Gratitude was also echoed as having been able to use the experience to help others and to regain personal power.

Table 4.9

Composite Theme of Post-traumatic Growth

Alecia: But I, you know, it was like, "Oh, this is my shame." And it's not my shame anymore. It's my story. Because at least I did something about it. You know, at least I, and-and now I can advocate for recovery for women, for, you know, I am passionate those coming up and struggling.	Violet: Ya know, I've thought about it for a long time and sometimes I'm grateful. I'm always grateful, I guess for the experience of going through that because it made me who I am today and it gave me my passion today. So I'm grateful for that.	Sally: … you know I'm here because I was fortunate not to be sent to federal prison …I had friends that I used drugs with for many years who one who is in prison for the very rest of his life without possibility for parole because of his drug dealing so I was given the gift of recovery and I am truly grateful for that and I'm grateful to be here

Note. Composite narrative depictions from methamphetamine addiction experience.

An interesting and surprising finding from the interview data resulted from a discussion of diet pills. In the first interview, even before we began recording as Alecia was discussing her revelation in the process of preparing for the interview. She shared that her first use of amphetamines was using diet pills “the real deal Dexatrim.” Other participants had similar experiences with diet pills or “little white pills” (also known as “white cross”). When probed

about the brand of diet pill, the response was Dexatrim. The participants had often used Dexatrim while in high school long before they used methamphetamine.

> Violet: ... But I remember too, like using diet pills to probably get that little, where your head would feel kinda weird. I suppose it was a high, I just didn't realize it.
> Joey: What kinda diet pills did you use, do you remember?
> Violet: ... Dexatrim, I think? I don't even know if they still make that stuff. Dexatrim, I'm pretty sure was one of them. Oh my goodness.

Child Welfare Experience

The experiences of child welfare from the interview data revealed the common themes of disempowerment, fear, and help (saving them and then them helping others). The women provided examples of how they felt afraid, alone, judged, overwhelmed, punished, unsupported, as if they were in a battle, and yet helped.

There are three themes related to the child welfare experience: fear, disempowerment, and help. Fear was experienced by all the women (Table 4.10). This fear began at times even before their children were removed because they knew others who were involved with the child welfare system and even had the perception that “big bad ole DHS.” The fear was driven by confusion on what to do first, how to achieve their goals, and what felt like “a mountain” to climb to get their children returned to their care. At times, the fear of relapsing and losing their parental rights was haunting.

Some members experienced feeling disempowered at times in their child welfare involvement as a part of their experience, as represented in Table 4.11. The disempowerment members faced are accounts of feeling judged, humiliated, punished, and stigmatized. There is one example of disempowerment where a participant was asked to leave the courthouse when trying to support a mom at court. Another is being told they would not be successful. Feeling stereotyped and unsupported even after making positive changes toward success felt

disempowering. This continued with feelings of being condemned because they were judged from the previous actions of others; the phenomena of "those people."

Table 4.10

Composite Child Welfare Fear Theme

Theme	Narrative	Narrative
Fear	Violet: I felt alone. I felt inadequate. I felt tortured. I felt…Well not like tortured physically, but just like, tortured mentally because I didn't know what was happening.	Sally: ...I was so afraid that I just did whatever they said, you know. I didn't get mad. I didn't walk away. I just was so afraid that I didn't care at that point. It was just kind of a blur, you know.

Note. Narrative depictions of the experience of fear from child welfare involvement.

Table 4.11

Composite Child Welfare Theme of Disempowerment

Dis-empowerment	Cierra: Like one time I had a family team meeting, uh, you know, I had accomplished some really good stuff, and, um, and they were like, uh, just pointing out most of the negative things…	Violet: I just always felt in the dark, I didn't know I had any rights, so I didn't know what I had the right to do. ... felt like, I was pushed into a corner, ... I felt very judged. Very like, I can't really explain the word, but I just alone.

Note. Narrative depiction of child welfare experience composite theme of disempowerment.

In face of the difficult feelings experienced by the participants, everyone interviewed also shared positive outcomes. They took responsibility for being involved in the system and were grateful for the role it played in their lives. What felt like an unreachable goal, was realized for most of the group members as their reunification with their children. The member who did not reunify decided to support her daughter's choice to remain at her fathers; this is still a successful outcome, as her rights were not terminated. Although they were afraid, a couple of members were able to share times when they did feel helped. The help came through various methods:

accountability, challenging them, sharing difficult truths, and upfront expectations. Help was also an outcome that was experienced when they learned how to use their story to help others navigate through the child welfare system and narrative examples are below in Table 4.12.

Table 4.12

Composite Child Welfare Theme of Help

Help	Violet: …so even though I don't like my DHS worker. Even though this day, I don't like her. I do respect her for a few things that she did	Sally: …um, and so I told my DHS worker that I'd used and, uh, she was really supportive of me, but told me, you know, "This is it," you know, pretty much that was my last shot and so, um. And, uh, I'll, yeah, I'll never forget it.
	Alecia: …that's when I got DHS involved, which saved my life. Because, I was, like I said, it wasn't ... we were doing criminal things.	Justice: Um, the DHS worker that I was working with had um, removed my kids, actually suggested after she saw the change that I made within a year, [00:16:30] year and a half, um, she told me about this parent partner program that was starting up, and um, wanted to uh, what do you say? Oh, [inaudible 00:16:48] recommend me to do it.

Note: Narrative depictions of how the participants felt that DHS helped them.

Experiences of Moms off Meth Group

The themes for the composite depiction of the experience of Moms off Meth group participation are safety, relatability, and empowerment. The individual elements that represent those themes are awe, facing shame, fun, helping others/passion, and a safe place. The composite themes are presented in Table 4.13 and are safety, relatability, and empowerment.

The feeling of relatability was very important because having a group of Mothers to connect with on specific matters helped them feel less judged and more understood. They did not feel alone in the battle and Moms off Meth group was a safe place; safety is another common

theme. This was represented by the participants' ability to be more comfortable to reveal and work thorough shame, parenting concerns, relationship dynamics, and other stressors they were experiencing. They noted that this was different from other types of recovery meetings.

The most common theme was empowerment, which included helping others. Help for other group members ranged from giving rides, sharing successes, attending court with other members for support, and sharing their stories with others. Moms off Meth group was the foundation for many members to aspire to becoming peer supports. Empowerment was also achieved through activism. The activism was in their own lives, others, and the communities in which they lived. This has continued to be the foundation of their ongoing recovery transformation. Being an activist in their own life meant they wrote court reports and had support from other members during court hearings.

The empowerment was even described as being awe like. The feeling of seeing over 100 women who had been through similar experiences and not feeling alone was amazing. Looking at many mothers who had experienced methamphetamine addiction, which resulted in being labeled a child abuser, was an inspiration and a revelation. The inspiration was that so many women were working hard toward overcoming. A revelation because of the extent of knowing there were so many families impacted by methamphetamine addiction; they truly realized that they were not alone.

The Moms off Meth groups sought out ways to give back to their communities. This was the opposite of what they did in active addiction; they became assets to the community. This was done through social justice outreach; for example, sharing their story with the newspapers and advocating for other moms. Other activities also provided fun, another element of the experience of the Moms off Meth group, such as going to the zoo. The activities provided connection to

various social experiences not all women had previously experienced, with either their children or other women. This fostered new social experiences from that of a meth mom to that of a recovering meth mom.

Table 4.13

Composite Theme of Moms off Meth Participation

Theme	Narrative	Narrative
Safety	Sally: … it was the kind of a place...say anything they wanted without a court report being written, …important because... like their kids came home, but they didn't want to tell the DHS worker how hard it was because they were afraid they'd remove them.	Justice: …at the Mom's Off Meth meeting I felt more comfortable... it was more open, and I was able to kinda connect and share, uh, better than I- I would at any other meeting...cause it helped me bring a lot of things out that I needed to bring.
Relatability	Cierra: Camaraderie. Just the being together. The, the togetherness of it. Just sharing experiences. Laughing. Um, you know, getting lost. I don't know, just the whole craziness of it was good. Um, I loved the little things we did in the Moms groups, like throwing a ball back and forth to each other and talking about experiences that we needed to forgive ourselves for	Violet: Well, what I tell you is I enjoyed the fact that I was not the only mom. You know it makes you feel secluded when you feel like there's no-one else out there, but being around all those other women, and knowing and being told that I was not a bad mother. That I had just made some bad choices. Um, that was a huge thing to hear.
Empowerment	Violet: …somehow started this uh, Moms off Meth, thing. And um, that was huge for me, because that gave me a purpose. And um, a purpose is what I think everybody needs in their life.	Cierra: …going to the Moms off Meth conferences with, with all the women and, you know, some of those things were the first time any of those women ever got to experience being in a hotel or being out of town.

Note. Composite narratives for support of experiences of group participation.

Experience of Recovery

The composite depiction themes for the experience of recovery are evolving, connecting, and surrender. The various elements of evolving were described as growing, believing, rewiring, change, and dealing. The description of these recovery experiences is described in Table 4.14.

The recovery process was not always a perfect one for the participants, however, they were able to self-correct and maintain their commitment to steer their lives on the path of recovery. This was often related to helping others and being engaged in recovery through peer support. It was a passion they spoke of and are dedicated to in some form or another.

The theme of helping connections was experienced (Table 4.15). It helped provide support on not using and being the support for others. Many of the participants were very social people and were able to meet that need through recovery meetings of various types. Another social group, identified as a part of the recovery experience, was religious groups. The religious groups provide an opportunity for spiritual connection and growth. Connections formed to help others are also a common thread for this experience as well.

Surrender is the last theme of the composite depiction for the experience of recovery from methamphetamine addiction. Each of the women described aspects of spirituality/faith that were specific to their story. However, they all have had some type of surrender to God (Table 4.16). This spiritual transformation was experienced as an answered prayer of deliverance. That experience was displayed as their ability to be successfully discharged from the department of human services and remain clean. For others, it is a deepening experience that has grown over time and helped them develop their sense of personal power.

Table 4.14

Composite Theme of Recovery

Theme	Narrative	Narrative	Narrative
Evolving	Violet: Well over time it has, because you know, in the beginning it's all about not using. You know? That's what it's all about. Is getting through life not using, and today it's not like that for me	Alecia: … that's why I've been off longer off meth. The alcohol thing's a different thing. It's a challenge sometimes. And-and-and it-it's kind of weird though. Because it, you know, it-it's legal and it's every store. And it's like, my-my disease tells me that, well, it's alcohol. So, that a lot of times, I, and I think that's why I go to a lot of AA meetings, or did in the past.	Justice: I guess after- after being in recovery for a year, year and a half, you know, it was easier, you know, 'cause I didn't feel like I wanted to use but like in the beginning there, like it was really hard because I wanted to relapse
	Justice: Like, you know, it happens slowly, like I got my job back, I got my uh, vehicles back, I got my kids home, I got, you know, the- that made me feel so good, it just made me want to keep doing better	Sally: And it can be a stopping place for your recovery. I mean, you could be sober, but not growing, you know, and eventually, you're going backwards. If you're not moving forward, you're going backwards…	Cierra: I had- and I had to do it for myself… I don't even remember… what happened exactly that I knew that's the way it had to be...but it was a pivotal moment, So once I did that, then it seemed to be easier to- which doesn't make any sense, but it does. - it was easier too- because I want to because I choose to, this is what I want

Note. Narrative depictions for the recovery theme of Evolving.

Even though the story of recovery was often a positive reflection on the past, there were moments of loneliness experienced as the transition was made away from old using friends. One participant had an experience that was quite difficult as she had trouble connecting and felt alone. This loneliness was experienced in two time periods. The first-time period of loneliness was experienced before she had to opportunity to build a new informal support network such as

Moms off Meth and 12-step meetings. The second-time period of loneliness was when she was trying to build boundaries with family members who were still using.

Table 4.15

Composite Theme of Helping Connections

Helping Connections	Alecia: ...they brought an AA meeting, and it was this bigger biker dude. For whatever reason I-I, it was like, ding-ding-ding. And he told me, I was an IV user. Da-da-da. Did this, and this, and this, and you know what, and I quit. And I'm, you know, in recover. And I thought, what? Maybe I-, because I went in there thinking, I can do this long enough to do what I need to do and get my kid back...But then it was like, wait ... maybe I could quit. You know-	Violet: ...just getting to help others is really where I think my gift is. And my spirituality is probably the biggest thing I got from my recovery is, my relationship with my, with my higher power. Whom I do choose to call God, he's my higher power, Jesus is my savior and um, so that's huge, just having that relationship.	Sally: I wanted to be successful too. And so, I wanted what they had and I just, I was willing to do whatever it took, you know. And every time I made, uh, a change and grew, you know, they celebrated,

Note. Narrative depictions of Recovery theme of helping connections.

Less common experiences of recovery, by the group, were the occurrences of relapse. Some of the members had experienced relapse, which typically occurred during the early stage of recovery. The relapse experience was something they learned from or helped them make greater commitment to recovery and reviewed further in the data triangulation section below.

Table 4.16

Composite Theme of Surrender

Surrender	Because I can't do this without him. You know, he is my strength and uh, my friend always tell me, you know, that um, he does for us what we cannot do for ourselves, and, and I truly believe that you know, the day I hit my knees and, and asked if, you know, told him I wanted to either live or die, but just not to let me live that way no more ...	I found once I handed everything over and just kind of um, uh, I felt just everything I just wanted to just give it all the way to and just surrender you know, and once I did that, then it all started falling into place, and things just got easier and I didn't have to worry about anything,	I just couldn't get that happy, hopeful feeling about recovery again and, and I was feeling really down about it and I just started crying and I got down on my knees beside my bed and I just say, God, please help me... And, uh, that next day, nothing had changed, but everything was different. I just had this feeling, this expectation, um, and hope ...

Note. Composite narratives of recovery theme of surrender.

Archival Data Exploration and Triangulation

Archival survey data exploration and data triangulation was completed next for this composite depiction. Exploration and data triangulation was utilized in alignment with the qualitative tradition to enhance trustworthiness of the research findings. Archival survey questions that connected to the research questions were chosen. Data triangulation was completed through SPSS. Demographic information is provided from those who completed the surveys (n = 88). The demographic information provides information about age of the group, number of children, employment status.

The age of the women ranged from 21-59 showing the vast range of this group. Therefore, a recording of this scale variable into a categorical variable was completed in SPSS. These categories were in increments of five. The average age of the members at the conference that completed the survey was about 35. This helps to depict that 80% of women were under the

age of 40 and is in the frequency table below. The age range of the interview participants when they participated in the group was in the 20-40 range.

According to the archival survey data, there were 19% of respondents with one child, 34% with two children, and 30% with three children. Regarding education, there were 8% that had a ninth-grade education or below; the remainder had graduated from high school (36%), had attended some college (40%), or graduated from college (14%). The survey data also outlined the employment of the Moms off Meth group members and indicated that 40% of the women were unemployed. The first two demographic categories, number of children and education level were aligned with the interview participants. The last variable, employment status, contrasted with the interview participants. Over time, and as a positive recovery outcome, they had managed to stabilize their employment status.

The next focus for data exploration related to addiction, such as what is your drug of choice and included drug of choice. The drug of choice identified was methamphetamine, however, here were members who had other substances listed as the primary drug of choice.

The question of *how old were when you first started using alcohol/drugs* reveals that six percent of surveyed participants began using at the age five and eight, at age 11 the percentage rose at seven percent until peaking at age 13 with 25% (Figure 4.2). There were 36% of the participants that first started using between the age of 14 and 18; less than 5% of the participants had their first use after the age of 21. For the interviewed participants, there were ages of first use that also began before 11 years old and only one who began after the age of 18.

Table 4.17

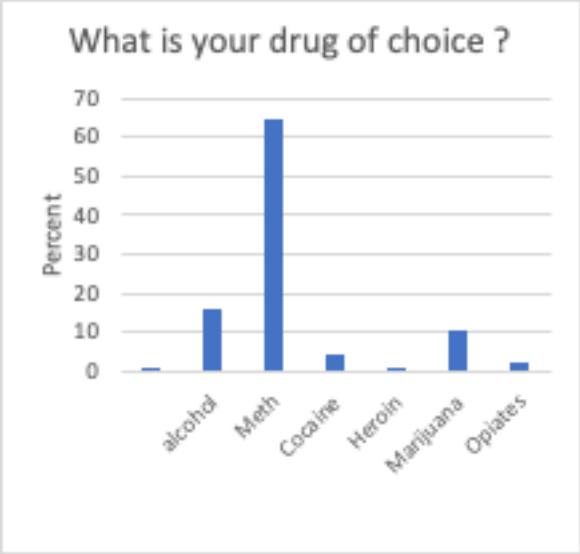
Age Categories

Range	Frequency	Percent	Valid Percent	Cumulative %
20-24	8	9.1	9.1	9.1
25-29	15	17.0	17.0	26.1
30-34	20	22.7	22.7	48.9
35-39	27	30.7	30.7	79.5
40-44	10	11.4	11.4	90.9
45-49	4	4.5	4.5	95.5
50-54	3	3.4	3.4	98.9
55-59	1	1.1	1.1	100.0
Total	88	100.0	100.0	

Note. This table represents the frequency distribution of age recoded into categories.

Figure 4.1

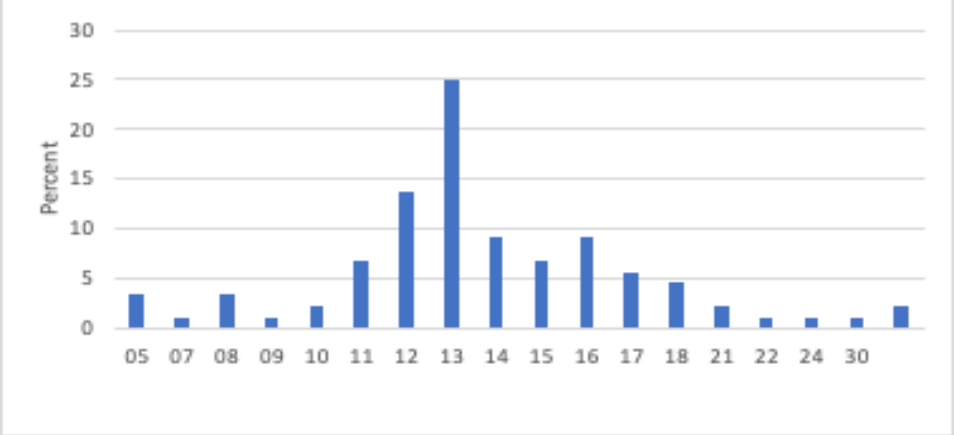
Drug of Choice



Note. This figure illustrates the percentage of answers to the question *what is your drug of choice?*

Figure 4.2

Age of 1st Use of Alcohol/Drugs



Note: This figure represents the distribution of age of 1st use of alcohol/drugs for survey respondents.

Next, archival survey data exploration and triangulation focused on the occurrence of childhood abuse and the impact of the abuse. The interviewed participants and survey respondents experienced multiple forms of abuse as children.

The first step in this analysis was utilizing automatic records for the following questions: *are you a survivor of childhood physical abuse, are you a survivor of childhood emotional abuse or neglect, are you a survivor of childhood sexual abuse.* Then a thematic analysis of responses to the question *what impact have these things had on your life* was completed. The tables below provide the frequency distributions as computed by SPSS followed by a discussion of the thematic results.

Table 4.18

Childhood Physical Abuse

	Response	Frequency	Percent	Valid Percent
Valid	No	56	63.6	66.7
	Yes	28	33.3	33.3
	Total	84	95.5	100
Missing	3	4	4.5	
Total		84	95.5	

Note. n = 84 Archival survey data question are you a survivor of childhood physical abuse?

Table 4.19

Childhood Sexual Abuse

	Response	Frequency	Percent	Valid Percent
Valid	No	56	63.6	64.4
	Yes	31	35.2	35.6
	Total	87	98.9	100
Missing	3	1	1.1	
Total		88	100.0	

Note. n = 88 Missing three archival survey data question *are you a survivor of childhood sexual abuse*

Table 4.20

Childhood Emotional Abuse or Neglect

	Response	Frequency	Percent	Valid Percent
Valid	No	39	44.3	44.8
	Yes	48	54.5	55.2
	Total	87	98.9	100.0
Missing	3	1	1.1	
Total	88	100.0		

Note. n = 88 Archival survey data question *are you a survivor of childhood physical abuse?*

The next three aspects, reviewed for analysis, provide data triangulation and support for experiences of addiction and recovery related to two research questions of this study, further supporting the complexity of this topic. The first one focuses on domestic violence in relationships, the second one on mental health diagnosis, and the final aspect on relapse.

Abusive relationships were experienced by all the interview participants and for a strong majority (88%) of survey respondents (Table 4.21). This is an important finding for the composite depiction of this group's lived experiences. Therefore, further triangulation and exploration was done to enhance findings about adult domestic violence. An automatic recode was completed for SPSS analysis for the following questions *are you a survivor of an abusive adult relationship/domestic violence* and *did any of these relationships involve isolation/controlling, physical abuse, and sexual abuse/assault.*

The response item *did any of these relationships involve isolation/controlling, physical abuse, and sexual abuse/assault* was recoded into categorical responses (Table 4.22). For the women (*n* = 77) who experienced domestic abuse the highest categorical response reported that 43% of them experienced isolation/control, physical, and sexual abuse. The next highest category was physical abuse and isolation/control at 31%. These two combined categories indicate that 78% of the Moms off Meth group members who experienced domestic violence survived multiple forms of abuse as compared to those who experienced one form of abuse at 18%. This data triangulation exploration correlates to the experiences described by the interview participants as well, often related to their experiences of methamphetamine addiction.

Table 4.21

Impact of Abuse

Theme	Survey Response	Survey Response	Survey Response
Addiction	my father allowed me to start using at the age of 8 because he thought it would make the sexual abuse easier on me	it happened to me since I was 13 years old, and I've used ever since	years my sobriety wasn't very strong-I didn't know those secrets kept me sick
	…these are some of the things that have kept me using	I did drugs so that I did not have to think about it…	I self-medicated with drugs & alcohol for 40 years
Mental Health	Had very low self-esteem and self-hate most of my life---until recovery	those things brought me a lot of guilt and shame, anger, and resentment, and a lot of fear, abandonment, and rejection	fear depression, anxiety
	they made me always feel like a victim, bipolar, PTSD, social anxiety, OCD, hard to trust, isolate to avoid relationships	low self-worth, low self-esteem, depression, anxiety	depression, loneliness, anger
Trust	…difficult for me to trust men, women, and authority figures…affected my self-worth & self-esteem	Trusting others is very difficult, being trustworthy, showing up, staying present…	I have a hard time being secure or planting roots
Promiscuous	Early sexual involvement, very early and multiple pregnancies	I had a problem with relationships with men, I was promiscuous always seeking attention and acceptance…	I get violent, I get promiscuous, I block people out and don't reach out
Posttraumatic growth	…have also made me stronger	what happened to me in the past only makes me stronger for the future	I have turned these things into a positive way of helping other women

Note. Thematic analysis and narrative examples from archival survey data of *what impact did this have on your life?*

Table 4.22

Adult Domestic Violence

Type	Frequency	Percent	Valid Percent
Isolation/control	11	12.5	14.3
Physical Abuse	3	3.4	3.9
Physical Abuse & Isolation/control	27	30.7	35.1
Physical and Sexual Abuse	1	1.1	1.3
Physical, Sexual, and Isolation/control	33	37.5	42.9
Sexual Abuse and Isolation/Control	2	2.3	2.6
Total	77	87.5	100.0
Missing 7	11	12.5	

Note. Archival survey data question did any of these relationships involve…?

String data for the question regarding *what impact these things had on your life* provided the following themes: trust issues, low self-esteem/worth, and using more/losing kids as detailed in Table 4.23. There were a few responses that indicated reframing the experiences, such as, “I use it to help other women, “it taught me what to look at”, “what I do and don’t want”, and “it made me stronger.”

Mental health diagnosis was another common experience by the interview participants and survey respondents. Findings from this portion of the data analysis provides evidence for the complexity of co-occurring disorders in this population and was congruent with the lived experiences from the interviewed participants. There were 56 individuals who responded with having varied mental health diagnoses. After a preliminary frequency distribution revealed numerous categories, a recode into different variables process was completed to provide separate variables for bipolar, anxiety, ADHD, depression, panic anxiety, PTSD, and personality disorder.

Then, to help further elucidate the complexity of diagnosis in this population, a recode into different variables was completed categorizing the data into how many diagnoses the respondents identified (Table 4.24).

Table 4.23

Impact of Adult Relationship with Domestic Violence

Trust	Self-Esteem/Worth	Using More/Losing Kids
whether or not you can trust another person	Walking on eggshells made me feel not worth much	I used it as a crutch to continue using and started using harder drugs
trust, self-worth, self esteem	made me feel shame, my kids have seen a lot of the abuse-physical and isolation	PTSD, Drug use, Loss of children
Trusting issues, feeling of abandonment	trust, self-worth, self esteem	Addiction, Kids witnessing, PTSD
It made me very untrusting	Low self-esteem, co-dependency	The loss of my children, alcohol
Lack of trust and love toward men	Insecurity, fear, anger, alone remorseful lonely. guilt, shame.	I relapsed and had to have back surgery. I live in fear now every day of him getting out of prison
Hardened me toward people and more trust issues	Hard to love myself at times. I have a very big wall up still	Kept me using
five knee surgeries, distrust of people	Self-esteem is hugely in need of help	harder for me to gain control over myself hard to stay clean
Made it hard to trust any man	Lowered my self-esteem/worth.	I used to stay numb

Note. String data from archival survey response.

There were 31% of the respondents reporting one diagnosis, 18% reporting two, 15% reporting three diagnoses, and 36% that did not report having any. These results provided information that is expanded on in the next section; keeping in mind that this does not include any substance use disorders. Review of the question *what impact you think mental illness has had on your addiction* (*n* = 88, 41 system missing), provided categorical themes of helping to cause/fuel it (38%), self-medication (11%), and a lot (17%).

Table 4.24

Mental Health Diagnosis

Diagnosis	*n*
Depression	40
Anxiety	24
Bipolar	10
Borderline and Dependent Personality Disorder	4
PTSD	13

Note. Self-report of mental health diagnosis

Relapse was the next avenue of exploration for triangulation. Table 4.25 below provides archival data depicting the most common relapse concerns after thematic analysis was completed from the question, *what was the reason for your last relapse?* The survey respondents' top two relapse concerns were stress and anger. Relapse experiences were described by interview participants throughout the addiction and recovery process. Relapse was a common experience for participants during their child welfare involvement. For interview participants, relapse was related to stressors, such as money concerns, relationship disruption, and understanding that using alcohol and or marijuana were not choices they wanted to make. Justice shared of a prolonged relapse after having established long-term recovery due to stressors and mental health concerns overwhelming her coping abilities. The common experiences of both groups validate stress as the reason for relapse.

Table 4.25

Reason for Last Relapse

Relapse Reason	*n*
Stress	54
Relationship Concerns/Divorce	4
Death	11
Job loss	15
Anger	36
Complacency/Low Motivation for change	5

Note. The categories of relationship concerns/divorce and complacency/low motivation for change were created by using combining like responses from the data.

The next process of this composite depiction includes information gleaned from the archival and interview data in primary relation to the research question *what are the experiences of child welfare for the Moms off Meth group members?* Additional data triangulation was obtained through exploration of the archival survey data responses using SPSS. The following questions were asked: *were you involved in the child welfare system as a child, were you involved with CPS w/DHS in the past, are you currently involved with CPS w/DHS, and do you feel these services are helpful, and what services do you participate in that are required by your DHS worker*? Then the question *why or why not* (services helpful), and *what impact has our involvement with DHS had on your life* was reviewed for thematic response.

The focus for this segment of the composite depiction highlights the 73% of the respondents were not involved in the child welfare system as a child versus 24% of the sample having been in the child welfare system as children. This first-generation experience was also experienced by all the interview participants. Response to the helpfulness of services showed an interesting pattern that was much different in response rate when compared with other survey

questions; 33% of respondents did not write anything in the space provided on the survey. There were 64% of respondents that found the services helpful.

The question *what services do you participate in that are required by your DHS worker*, (*n* = 39), provided an opportunity for the respondents to list services they participated in. Services that individuals listed had similar themed responses. These responses were categorized into themes and placed in into the word cloud generator as depicted in Figure 4.3. For example, those that listed "I am done" were reworded case closed and entered in the word generator. The responses of "I have not done anything yet" were not entered into the word cloud generator services that stand out in the word cloud provide a dynamic visual of experiences such as, 12-Step Meetings, MHTherapy (mental health), SUDTreatment (any substance treatment), drug court, Moms off Meth group, and in-home family services.

The open-ended question why or why not (services being helpful) was analyzed by identifying themes from the responses (*n* = 34); again, many respondents did not complete this question. However, the themes identified were restoration/recovery, skills, and help/support. The responses help highlight the various aspects of the importance of having open-ended questions to help identify the individuality of common experiences.

Figure 4.3

Services Participated

Analyzing this vast amount of data allowed for an even deeper immersive experience of child welfare involvement due to a methamphetamine addiction. The difficult experiences and narrative expressed by the interview participants brought to life the emotion behind those experiences and, in review of the archival data, those experiences connect to the archival survey data. The experiences of methamphetamine use connect them to the child welfare experience, which led many of the participants to transformative life changes. These tremendous life changes are the bridge to the next exploration of archival survey data.

Table 4.26

Why/Why Not Services Helpful

Restoration/Recovery	Skills	Help/Support
Uniting family together, not being sick anymore	I'm working on relapse prevention and dealing with co-dependency.	public health is who helped me
needed to fit back into society	Helped me raise my kids better	Treatment yes, In home no
because I have to change my beliefs and have quality sobriety	It's structured and helps identify triggers and problems	I don’t have to worry about childcare while I am at work
it helped me get sober & be a better mom	Teaching me better parenting skills and ways to find a job and go back to school	added support
I need them to work on staying sober	To help brush up on skills	Provide new friends and support
It helped me see what life without drugs is like	Gave me the skills to lead a clean productive life	Support
If I had not completed these services I would still be using and would not have my children	Learn things and prove that I am worthy	People in these groups have been when I've been where I've been, Life Works gives me help with my children
I need drug treatment, counseling helps with my recovery, my recovery and self esteem	When you have been adult since 12 you have no idea how to be a parent	They give the chance to be in a great treatment facility,
Reunification	It has opened my eyes more about individuals	Helps me meet new people

Keeps me accountable	Therapy teaches us how to function w/o drugs	helps with gas to get to meetings
Keeps me clean and get more involved	Providing safety information	

Note. The anonymous respondent narrative depictions were categorized into the theme's restoration/recovery, skills, and help/support.

The last question from the archival survey data was categorized under the child welfare section. The responses to w*hat impact your involvement with DHS has had on your life*; this bears witness to the transformative experiences the Moms off Meth group members. The narrative statements were collected into themes. There are four different thematic categories: *changed my life for the better, know myself, help, and roller coaster*. A few statements highlight a harsh reality for some survey statements. These tremendous changes provide a bridge of connection to our next research question as it relates to recovery experiences of the Moms off Meth group members.

Table 4.27

What Impact Did Child Welfare Have on Your Life?

Changed My Life for the better	The kids and I	Helped	Angry
They have been a very positive thing for me, and I would not be where I am today without them	The opportunity to face myself take responsibility for my life, my recovery, my parenting & as a member of the community, state & country	helped me out of an abusive relationship, provided support, better relationship with my daughter	Mad at first then grateful
I am grateful that DHS has become part of my life. I owe them my life.	made me who I am today-5 years clean and sober	DHS has helped me out, very supportive	Traumatizing
it's one of the best things that have happened to me	I got to know and find myself	I learned how to help others who are going through it	it gave me a reason to stay high

Changed my life, didn't want someone else raising my kids	Assisted me get out of a very unhealthy relationship and get myself and my kids back	I don't have my kids but found recovery	Anger in the beginning, very grateful in the end.
Got my daughter back and I'm better for her	A great impact, I know not to ever harm myself or my children again	they helped me get a long-term treatment	Up, down, around, roll-a-coaster
It was the best thing ever, changed my life	hemp me understand the value of children, the good or bad impact we have on them	Awesome, Thank God	It's been stressful, but all in all helpful
I have grown a lot and changed my parenting	I have seen how important my children	it has helped to make me a better parent/caregiver & more responsible	Raped me of my motherhood
Changed my life for the better, to be a better mom, gf, daughter	Got my daughter back and I'm better for her	Helps me be a better mother	A lot of anger and stress, depression, relationships with no trust, missing my son
it saved my life and opened up my world. me & my kids are happy	Made me open my eyes and realize my surroundings more aware of them	Helps me understand what I need to do and stay clean and help keep my family together	I hated them at first but now I am so thankful of the support and services they gave.
It helped me changed my life	made me realize that my drinking is hurting my daughter	Stability for me in a clean environment	
changed my life. got me into treatment	Let me see where my issues were w/my addiction and how they affected my children.	Helped me get clean and my life back together	

Note. Thematic narratives from the impact of child welfare involvement

Composite Depiction of Recovery Experiences

The composite depiction and data triangulation relates to the research question: *what were the experiences of recovery like for the Moms off Meth group members?* Results are

provided in relation to the archival survey data and data triangulation for interview participants. Review of archival survey data was completed first and then analyzed.

The first step was to identify elements of data that represented recovery. The following aspects of recovery capital were present in the archival data: human, personal, social, community, and cultural recovery capital. The following archival survey questions were chosen for their representation of recovery: *do you currently have adequate housing, do you have health insurance, do you have your own transportation, do you use public transportation, do you attend NA or AA regularly, number of Moms off Meth groups attended, do you have a sponsor, what supports are in your life, do you have someone you can talk about on-going problem/barriers that you face in every part of your life (if so, whom), is your family supportive of the changes you are making in your life.* The questions were analyzed using SPSS descriptive statistics and reported in table 4.28 below. This table represents the various types of recovery capital.

Table 4.28

Recovery Capital %

	Adq Hous	Own Trans	Health Ins	Driv Lic	Car Ins	Pub Trans	NA/AA Reg	Sponsor	Family Support
No	7	30	21	33	39	80	30	42	2
Yes	91	70	78	67	60	20	66	54	96
n	86	88	87	88	87	88	84	85	86

Note. Experiences of Moms off Meth group

As the frequency responses displayed in Table 4.28 identify, there were areas of missing and achieved recovery capital from the archival data. This was found in the experiences of the interview participants who discussed the process of rebuilding their social capital as a part of their recovery. Violet and Justice shared about losing all of their possessions, being evicted, and

becoming independent, whereas Sally discussed living in a campground before her recovery and the significance of how she got her first car and home.

Archival data indicated that that approximately 33% or more did not have their own transportation, driver's license, car insurance, sponsor, or attend NA/AA meetings regularly; this means that 66% had acquired those important components of recovery capital. The interviewed participants also had acquired these forms of recovery capital at the time of the interview.

Various types of support played a critical role in the experience of recovery for the Moms off Meth participants. Support from family played a significant and varied role in the recovery process for each of the interviewed participants. Participants often had strained relationships with family due to adverse childhood experiences and their addiction. The relationships improved during their recovery.

Support from family was also a major element of recovery for respondents. Archival data results indicated that over 90% had family support. These findings suggest that in the face of all the adverse family dynamics they had utilized family as recovery capital. These findings are elaborated on further in the next section.

Support was also obtained in the areas of social group participation, such as 12-step meetings and spiritual/religious participation. A few of the interview participants remained connected to 12-step meeting attendance in their recovery, but not all. Those continuing in meeting attendance reported it as an important part of their ongoing recovery. The interview participants reported various levels of spiritual/religious involvement but identified the importance of a "higher power" or God in their life.

There was not sufficient applicable data to triangulate religious aspects other than many of the survey respondents utilized organized religion for support. In summation, however,

religious and family are both prevalent aspects of recovery capital with family support being the most identified for participants and respondents.

The multiple option question *what supports do you currently have in your life* (*n* = 88), provided more data to the recovery capital of supports. The respondents had the option to choose which supports from a list of family, faith community, community agencies, non-using friends, recovery community peers, spouse/significant other, and parent partner. All but three of the women put family (96%). The other rankings for supports are as follows: non-using friends (68%), recovery peers (54%), spouse/significant other (49%), faith community (34%), community agencies (26%), and parent partners (23%).

The composite experiences of participants, as discussed earlier, were unable to really be supported or triangulated with the archival data as the only question that pinpointed information specific to the group was the question *types of meetings attended in 30 days and how often.* The archival data provided by SPSS descriptive of frequencies indicated that there were approximately 75% of the participants that reported to having attended the Moms off Meth in the previous 30 days.

Due to no additional data from the archival surveys about the Moms off Meth group for triangulation, newspaper articles and other media sources were found through google searches and EBSCO database were reviewed for this aspect of the composite depiction. These articles were specific to the Moms off Meth group and narrative examples taken from other Moms off Meth group members. This was done to assist with triangulating data as it relates to the participant findings and source information found in the references section. A few of the article narratives provided supportive statements that related to the interview participants' themes of safety, relatability, empowerment, and the narrative themes as presented in Table 4.29.

The following synopsis of the results from the individual and composite depictions as it relates to the methamphetamine addiction experiences of the Moms off Meth group members. The Moms off Meth group members (interview participants and archival respondents) often used their addiction as a means to escape the reality of their circumstances, such as an abusive childhood or their experience with domestic violence as an adult. There were times, more in the beginning of their use, in which they had been empowered in some manner by the substance; they were better focused, getting tasks accomplished, self-medicating for mental health, mental reprieve, or means to economic increase. Their use often became this bewitching type of experience that evolved until there were many lines crossed and resulting in depravity in relation to their moral standards. These aspects of their addiction continued in severity and the addiction became disempowering until it served as a way of living. This way of living was also a blur at times, which created more psychic pain.

Table 4.29

Archive Data Related to *Moms off Meth Participation*

Source	Narrative
Kieffer (n.d.)	They were experts on their lives…there have been hundreds and thousands of women who have joined Moms off Meth. It is a group that is founded by the moms…its really their group, we don't do any blaming or shaming. The moms come because they want to. We just meet them where they are at. …at last we were at place where we could connect with other women who knew our hearts and the pain we had in our hearts…one of the most neatest experiences was when a mom said to me I know what you're feeling… there is a lot of shame we carry around.
McAlarmey (2008)	

	…If a woman comes into the group and she's at the beginning [of her recovery] and there are other women who are further along, these other women will help this woman work through issues that she is going to have to work through, [such as] being involved with the Department of Human Services…
	The encouragement of other women saying, 'You can do this' and 'I believe in you,' and when you're using you feel like nobody believes in you and everybody treats you like you're worthless and useless, and you get into these groups and other women are saying 'Way to go,' your life changes and you start believing,
Todd (2008)	"Moms group is like a family"

Note. Narrative of expressions from archival news/media data.

When reflecting on what the methamphetamine addiction means to them now, there were elements of posttraumatic growth in which the women had more than just survived, they had made meaning out of the painful parts of their past experiences. This posttraumatic growth was in part a result of also having been involved with the child welfare experience, maintaining recovery, and participating in the Moms off Meth group.

Summative findings in relation to the experience of child welfare (interview participants and survey respondents) relate to fear, disempowerment, and help. The fear of losing their children was one that was scary and overwhelming at times. There was fear of overcoming their addiction by being successful at treatment and staying clean. There were variations in the amount of fear that was experienced, however, it was a primary component that made child welfare involvement more difficult as it related to aspects of recovery capital.

Their addiction had resulted in many losses that needed restored in order to be successfully reunited and maintain custody of their children. A home, job, transportation, and food were some of those requirements. They even felt like it was climbing a mountain or riding a

roller coaster at times. The fear was also connected to the feeling of disempowerment. Experiences of not having a voice, little support from their social worker, being stigmatized were disempowering for them.

Findings also reveal that the benefit of this experience to the Moms off Meth group members is a part of the meaning they attribute to it now. It was described as rescuing them, answering their prayer, and something they were grateful for. Even though it was difficult, it was still seen as a help to them. It helped them become different people, better mothers, and provided them with the ability to help others.

The summative findings related to experiences of recovery were also related to the journey of overcoming. They were able to overcome their addiction; even with having slight relapse experiences the women continued to move toward recovery. The findings highlight the importance of connections. The connections related to people meant severing unhealthy ones, finding new ones, and repairing damaged ones. This was an uncomfortable process for some as they have trust issues and had often connected largely under the influence of a substance. Connections also relate to their true self and engaging actively with life. This was achieved with meetings, which was empowering and often referred to as the process of growing, rewiring, and dealing with life. Another important finding relates to the pivotal spiritual experiences, which was often a process of surrendering and believing. A few of them had called out for help in desperation, which produced a shift in the way that they experienced life. Recovery included attending meetings for some and was explained as important because it rewired the way their brain thought. The women had found freedom in recovery; even after relapse experiences, they continually sought for this freedom and personal power.

The findings related to experiences from the Moms off Meth relate to empowerment, relatability, and safety. Moms off Meth group was different from the other recovery groups and the relatability was the most unforgettable for the women. They felt safe in the group where they were able to share some of the difficult experiences they had been through or were going through, which allowed them to have support and comradery. Some even felt safer than in 12-step meetings. This was empowering and they could face the stigma of methamphetamine by supporting each other and doing activities in the community. Common events the participants remembered were going to the Moms off Meth Conference or other social events as a group. These experiences were completely new experiences for most of the participants, which helped them begin to reconnect to society.

Upon completion of the composite depiction an exemplary depiction is utilized as the quintessential depiction of essential understanding that represent the group as a whole. This exemplary depiction was not realized until after processing the completed composite depiction. The narrative that seems to best represent the group, as a whole, for the exemplary depiction is Alecia.

Exemplary Depiction

The final aspect of analysis for this section provides the exemplary depiction from Alecia. Alecia depiction encompasses the experiences of group members in many ways. As a young child, she experienced harsh adversity in her home and school, and this continued into adulthood. This adversity was substance misuse and mental health concerns.

When she was young, she experienced confusion from the disconnect with what she had been living in public and at home, which was irreconcilable until her recovery. Escaping her home was a major component of her choices at a young age. This paved the way for her

methamphetamine addiction. These experiences were buried in layers of denial that were protected by her substance use.

Alecia's experience of the child welfare system was scary but also "saved her life." She was very emotional and heartfelt in describing this realization. Her ability to be honest and believe that she could do this was because of her experiences in the child welfare system. It created this bridge of escape from a life filled with increasing depravity and got her on a path to finding herself. Her experience in Moms off Meth group provided her with women that she could trust and relate to and showed her possibilities that actually existed. This helped her face the stigma of her addiction and created the passion she had for helping other women.

Her recovery has not been a straight line; it was a process of learning and difficult awakenings about her past traumas and choices. She has been in a process of changing, believing, and forgiving. The ability for her to forgive herself has been one of the hardest parts of her journey. Recovery now means freedom and living, as she has finally been able to break free from a controlling relationship in the past year. Alecia said very succinctly "what used to be my shame is now my story."

Chapter Summary

The individual, composite, and exemplary depictions, as well as the archival data triangulation provide a thick and rich view into the lives of the Moms off Meth group members. The goal for their voices to shine through is the primary purpose for this heuristic phenomenological investigation. These primary results have culminated to this seamless place of transition into the next section, a discussion of the results. The discussion interprets the findings in relation to existing research literature, provide a place to reveal the transformation of the researcher, and conclude with the creative synthesis. The creative synthesis is a tapestry that

weaves and integrates all the data, findings, essences, researcher intuition, and experience into a whole through narrative, poem, music lyrics, etc. and is the crown of heuristic phenomenology.

CHAPTER FIVE: SUMMARY, CONCLUSIONS, & RECOMMENDATIONS

The purpose of this heuristic research study was to expand existing research by illuminating the lived experience of the Moms off Meth group members. The research focused on their experiences of addiction, child welfare involvement, recovery, and Moms off Meth group participation. The process of giving voice to these experiences was hoped to increase understanding and, in so doing, inform the counseling and counselor supervision/education field. The methodology for this study was a heuristic phenomenology research methodology utilizing purposeful sampling. Former members from the Moms off Meth group were recruited to complete participant interviews. Five interviews were audio/video recorded and transcribed for analysis. The analysis was completed according to the heuristic phenomenology tradition with one differing caveat; this analysis utilized archival data for exploration and data triangulation.

The analysis from the previous section provided findings from the individual depictions, composite depiction, data triangulation, and exemplary depiction to answer the research questions: *what were the experiences of methamphetamine addiction for the Moms off Meth group members, what were the experiences of being involved with child welfare for the Moms off Meth group members, what were the experiences of recovery for the Moms off Meth group members, and what were the experiences of being a Moms off Meth group member.* The individual depictions represented the core elements of experiences, and the composite depictions provided the thematic representation of experiences for the group as a whole. The exemplary portrait is a best fit of one or two participants that represent the thematic findings.

The findings from this study portray the unique experiences of the Moms off Meth group members. This discussion follows extensive findings of a complex phenomenon and adheres to a process-oriented discussion based on each research question. This section of the research study

dispenses a summary of findings, an interpretation of findings, implications for social change, recommendations for action, recommendations for future research, discussion of the role of the researcher, potential limitations, and concludes with the final creative synthesis.

The brief summary and interpretation of the findings are fulfilled through the means of description with a call to action in relation to the research questions. Recommendations for future application and future research are provided through the synthesis of the current literature and the current study findings. The creative synthesis, the culmination of a heuristic research project, is a creative metaphor of the lived experience of the Moms off Meth group members. Sultan (2018) identified the creative synthesis as integrating all of the data including the transformative experience of the researcher and is provided in this discussion.

Summary of Participants

The five former members of the Moms off Meth group that participated in this study were between the ages of 30-60 years of age. Their children were all over the age of 16. The participants still resided in Iowa and were all employed at the time of the interviews. They all struggled with methamphetamine addiction, been involved in child welfare, participated in the Moms off Meth group, and considered themselves to be in recovery from methamphetamine addiction. At the time of the interviews, none of the women were involved in the criminal justice system, one had current child welfare involvement, and three were active in 12-step meetings. All participants had maintained a range of 8-24 years clean off methamphetamine.

Summary of the Findings

The findings from this research provide expansive and rich data of which summarization would risks minimizing the essence of the lived experiences of the Moms off Meth group members. This summary of the findings includes the findings from all the data sources. As

described above, the organization of this summary is aligned according to each research question.

For participants and archival survey respondents, there were common findings related to experiences of childhood adversity. These were adverse experiences of abuse, domestic violence, and addiction. This adversity resulted in mental health concerns, addiction, difficulty trusting others, and promiscuity. A surprising finding revealed that many of the participants experimented with diet pills in their adolescence. These amphetamine-type diet pills were described as the "real deal dexatrim" or "white cross" by participants.

The participants' first use of methamphetamine was an impulsive and intense experience. The initial use occurred while under the influence of another substance and during social interactions/relationships, such as close friends, significant other, and bars. The participants defined multiple pathways for escape that methamphetamine provided them. These pathways are escaping circumstances and then trying to escape the consequences of methamphetamine use. The positive experiences of using methamphetamine were the abilities to focus and accomplish tasks as well as the relief from difficult emotions. Co-occurring disorders of depression, anxiety, bipolar disorder, attention deficit hyperactivity disorder (ADHD), and posttraumatic stress disorder (PTSD) were the most identified experiences of the Moms off Meth group (interview and survey participants); this was often allied as a form of self-medication and fuel for their addiction.

Methamphetamine also aided them in the escape from negative self-talk and loneliness resulting in the ability to connect with others. These positive experiences were soon diminished as their use increased and toward the end of active addiction. The findings explained that the negative experiences of moral turpitude, criminal consequences, child welfare involvement,

evictions, and divorce from methamphetamine addiction resulted in tremendous amounts of shame.

This research also discovered that the experience of child welfare involvement was linked to fear, disempowerment, and help. The fear started even before they officially became involved with the child welfare system, as they knew that they could potentially have their children removed if their methamphetamine use became known. Their fears grew even greater as the potential became their reality, which occurred due to challenges related to getting clean and overcoming their barriers. During these times, they experienced judgement and were stigmatized, which resulted in feelings of condemnation.

Even though the experience of child welfare was feared and not welcomed, all participants were able to identify lasting positive outcomes, such as sustained recovery, helping others, safer homes for their children, cessation of domestic violence, and healing from childhood traumas. Alecia eloquently and emotionally summed up her experience as a life-saving event; all participants identified the importance of the experiences as helping them improve their life satisfaction.

Moms off Meth group participation was experienced as safety, relatability, and empowerment. The experiences of Moms off Meth group were lasting and helped to support the members as they journeyed over the bridge from addiction towards reunification and recovery. One of the members, Cierra, described seeing over a hundred women who had been through many of the same circumstances as an “awe-like” experience. The most empowering experiences from participating in the Moms off Meth group was how they were supporting other mothers by sharing their experiences for a common good, which was done through activism in the community, sharing their story, and supporting other members at court. This foundation for

empowerment was learned in the Moms off Meth group and continues with them in their recovery.

Themes of recovery identified by participants were evolving, connecting, and surrendering. Findings identified that the early stages of recovery were the most difficult, as they experienced loneliness, disconnection, and relapse. Interview participants also shared that they had money and relationship stressors. Data triangulation revealed that stress, anger, and job loss were the most common reasons for relapse for archival survey respondents.

An optimistic finding from the data analysis was the post-traumatic growth that emerged from the cumulative experience of the Moms off Meth group members and discussed separately in the interpretation of the findings. The defining moments that became a catalyst in their change process were often shared through their spiritual experiences related to connection and surrender. The theme of connection related to their higher power and desire to help others. The experiences of the participants often related to a process of mentalization that resulted in meaning-making for the whole of their experiences. This meaning-making was that of strength and acceptance for their story, as well as, that the totality of their methamphetamine addiction, child-welfare involvement, Moms off Meth group participation, and recovery was exactly as it needed to be.

Interpretation of the Findings

This study's findings increase the contextual understanding for the experience of methamphetamine addiction, child welfare involvement, recovery, and being a member of the Moms off Meth group. It also helps to fill the gaps and extend existing research. This interpretation draws conclusions from the previous sections findings as it pertains to all of the research questions and is also connected to the larger body of research literature for application and relevance of the findings. Theoretical implications are intertwined in this discussion.

Experience of Methamphetamine Addiction

This current section interprets the findings related to experiences of methamphetamine addiction in conjunction with the research literature and theoretical underpinnings. The findings from the analysis bring to light the importance of early adverse childhood experiences/trauma, first use of methamphetamine, using patterns, domestic violence, mental health concerns, violations against the self, empowerment, and disempowerment.

Adverse Life Experiences/Childhood Trauma

Methamphetamine addiction has been connected to numerous adverse life experiences across many life domains (Daniel et al., 2020; Masters & Carlson, 2006). The grounded study of Masters and Carlson (2006) was composed of 12 participants in treatment who had less than six months of recovery and sought to understand how women experienced addiction and recovery. Daniel and colleagues (2020) utilized six participants from a therapy center in a qualitative exploratory study to identify abstinence barriers and facilitators. Masters and Carlson (2006) and the current research findings were similar in areas related to social connection and home environments.

Masters and Carlson (2006) found that women often felt disconnected in late childhood and early adolescence, which resulted in social skill deficits. Many of the Moms off Meth interview participants in this study also shared how their early adverse experiences contributed to social isolation and deficits. Witnessing parental domestic violence and experiencing abuse in the home made it difficult to have positive social relationships in their youth and was identified as impacting their choice to use substances. These early substance uses eventually lead them to methamphetamine use.

Early adverse experiences from the findings of those qualitative studies (Daniel et al., 2020, Masters & Carlson, 2006) were supported by the current research findings in relation to social connections and home environments. There was a slight variation in comparison to the current study and the research of Masters and Carlson (2006) when referring to home environments. The experiences of the 12 participants in their grounded research identified happier, normal environments when compared to the Moms off Meth group members in the current study. Daniel and colleagues (2020) depicted similar findings of emotional distress, family chaos abuse, mental illness, parental substance use, and high parental conflict. The current research study extended the previous findings from the two earlier studies. The home environments in the two previous studies and the current research were depicted as disorganized, unhappy, and chaotic with parental substance misuse and parental relationship violence. Also, these qualitative studies highlight the importance of early home environments as a pathway to methamphetamine addiction. There was a continuum of chaos experienced and often its severity was related to trauma in the childhood environment.

The experiences of the narrative life history research in this sample and that of Stephens and Aparicio (2017) are similar. The similarities entail experiences of childhood neglect, physical and sexual abuse, and witnessing domestic violence. One of the themes from Stephens and Aparicio (2017) is depicted in the current study as themes related to trust issues and decreased sense of self-esteem /worth. The participants in this research often went “from the frying pan to the fire,” as Alecia stated. Their home lives were filled with chaos and abuse. These harsh experiences paved the pathway toward methamphetamine use.

Initiation and Patterns of Using Methamphetamine

One of the existing gaps in the research relates to the initial use, patterns, or initiation into methamphetamine addiction (Alexander et al., 2018; Vandermause, 2012). The initial use experiences of participants reveal that the first use of methamphetamine was impulsive, exciting, and often done while under the influence of another substance. This initial use was also done at a social event, such as a party or bar. The social context resulted in a whimsical decision-making process. Research participants also described patterns of use that escalated quickly. Over time, as their use increased, it was common for them to get involved in the market economy of methamphetamine to support their addiction as depicted in the narratives below.

> Alecia: …it was that amazing, oh my God, what was this stuff? …in the beginning it was…I, even towards the end I was, tried to tell myself I was a recreational user. It was just a weekend thing. And then, you know, it led into longer times, longer periods…in order to support our habit, it was us becoming the drug dealers.
> Violet: I was at a bar. I was drunk, and the bartender offered me a line, and I did it. And I was hooked.
> Sally: someone brought meth in and I didn't even know what it was, but I tried it, of course, and I liked it from the first…I felt connected, I felt wide awake, I felt, you know, present…

Escape. Escape was present in multiple contexts in the current research, such as escaping traumatic experiences and their methamphetamine addiction. The Moms off Meth participants were often escaping the mental torment and stress they experienced in their youth. These findings are comparable to Couvrette and colleagues (2016) in which the qualitative study utilized a sample of 38 women experiencing substance use and criminal justice involvement whose children had been placed out of the home (foster homes, maternal grandmother, other relative care). Couvrette and colleagues (2016) found that many of the mothers wanted to escape the stories of their childhood and were desperate to have a traditional family.

Methamphetamine addiction began as a positive experience of escape. Individual depictions and archival statements express this initial positive attribution of methamphetamine use. This is expressed from the archival survey statements, such as, “it made me feel able to do everything…” and “…then it stopped working, but I kept using it to cover up the shame I felt.” Moms off Meth interview participants also identified similar experiences.

> Justice: … I liked that feeling of being in control and having that power where people like respected you and wanted to be your friend and wanted to ...
>
> Violet: …I guess I just don't think I ever thought about anything. And that was nice... you don't have any inhibitions anymore, like, your past, whatever hindered you, was no longer hindering you. Especially like, for me in the sexual part, because I know my past had really affected my sexual nature

The initial escape was quickly transformed through turpitude. Turpitude stoked their flame of desire for wanting to escape. There was an increase in methamphetamine use that resulted in them crossing moral lines. Their increase in usage was often expressed in narratives through which they experienced negative outcomes, loss of shelter, possessions, and freedom. Violet and Sally, who once thought about nothing, begged God to change the way they were living or let them die. Participants from Daniel and colleagues (2020) also identified similar experiences of this dualistic escape “…it’s so powerful it makes you forget about anything else” and … “the best way to avoid permanently doing it was to kill myself, I tried it several times” (p. 243).

The current findings also further extended the research of Copes and colleagues (2016), which was discussed in the literature review. Copes and colleagues (2016) completed a qualitative study that focused on functional and dysfunctional behaviors related to methamphetamine-using women and identified the following themes: procurement, maintaining obligations, route of administration, physical appearance, and mental state; the crossing of lines

were boundary violations depicted in the experiences of the participants' methamphetamine addiction. As Copes (2016) further interpreted his findings, he noticed that these boundary violations often occurred after major life stressors, such as job loss, relationship loss, death of a loved one, and losing custody of their children.

Mental Health. Anxiety and other mental health disorders are often self-medicated with substances as evidenced by the high rates of co-occurring disorders (Atkins, 2014); this was also the case in this research. The Moms off Meth interview participants and archival survey respondents identified themes that strongly related to their methamphetamine addiction. In short summation, they identified their mental health as having "a lot" to do with their methamphetamine addiction. The most common diagnoses reported from this research were depression, anxiety, bipolar disorder, and PTSD.

Many of the mothers were unaware of how their mental health diseases and/or disorders were related to their use of methamphetamine until they were in recovery. During the interviews, their hindsight resulted in multiple narrative depictions that illuminated their mental health concerns to their methamphetamine addiction.

Self-medication of mental health symptoms facilitated many of the participants to focus and complete tasks; Justice was able to focus for the first time in school. This is similar to Maxwell's (2014) findings from survey research of 111 females using the more potent phenyl-2propanone (p2P) methamphetamine, which identified that PTSD symptoms diminished from the use of methamphetamine. This was also powerfully depicted in the descriptions of the participants and respondents use experiences; Violet shared that she wouldn't think about anything after using, allowing her to be more present.

Empowerment. The use of methamphetamine for the Moms off Meth participants began impulsively and then became a form of self-medicating their mental health symptoms. This was empowering for the participants as it helped them to increase their economic independence, achieve more positive experiences in their sexual encounters, and fulfill work-life expectations. The current research findings extended two other qualitative research findings. The first study is an ethnographic fieldwork utilizing semi-structured interviews (Holt & French, 2019); the participants revealed that they were being better mothers because they could stay awake longer with less irritability. The second qualitative study was a grounded theory study that found a relationship with empowerment for the women who dealt drugs (Grundetjern & Miller, 2019); the participants in their research verbalized empowerment in their attempts to control their use, maintain sexual freedom, and achieve financial independence.

Cierra felt empowered and in control by being able to work three jobs and go to school as a single parent. Justice and Sally both experienced this economic freedom as a single parent as it temporarily lifted them out of poverty. Violet's empowerment from methamphetamine was experienced through her ability to release sexual inhibitions that resulted from her childhood sexual trauma. Alecia, Sally, Justice, and Violet were also empowered by their drug dealing activities; it provided them economic security as well as undergirded their increasing methamphetamine use.

Shame. It was previously mentioned that the participants experienced increase methamphetamine usage that resulted in turpitude, therefore, it should seem logical that the theme of shame emerged. Addiction research literature has put forth various theoretical models of addiction; one of which is the moral model of addiction discussed in the literature review of the current research (Lewis, 2016). The Moms off Meth group members' experiences of shame

resulting from their methamphetamine addiction can be understood through multiple theoretical lens; application of the moral model provides one fit for this interpretation.

The moral model of addiction indicates that moral failings can increase stigma and shame (Lewis, 2014). The findings from this research provided support for those indications through the expressed narrative experiences of moral failings, labeled by the participants as crossing lines, self-loathing, shame, regret, and stigma. The repetition of morally degrading experiences that resulted in tremendous shame increased throughout their addiction. The empowerment from using methamphetamine eventually receded into the background of increasing moral failings. The participants losing control of their use and the resulting negative consequences continued to erode their feelings of self-worth and amplify their shame. As they lost control and methamphetamine addiction took over their lives, negative outcomes experienced were homelessness, criminal justice involvement, family conflict, unemployment, memory loss, and eventually child welfare involvement.

These findings also provided support for Brown's (2006) grounded theory related to shame. Brown (2006) studied a sample of 215 women, who identified underlying variables of feeling trapped, powerless, and isolated. The feelings of being trapped were related to an inability to meet expectations, and because of their progressing methamphetamine addiction, the participants failed to meet their role obligations and they portrayed feeling trapped, powerless, and isolated (Brown, 2006). Consequences resulted in the loss of their children to the child welfare court in which the use of methamphetamine created further shame, as they were trapped in their addiction and reached a point of powerlessness over their use. The lines they crossed weighed heavy on them as they became involved with the child welfare system.

Domestic Violence. The findings from this research study illuminated the experiences of domestic violence as an essential experience for the Moms off Meth participants (100%) and archival survey respondents (88%). The findings from this research unearthed the devastating impact that these experiences of domestic violence had on the Moms off Meth group members. The archival survey respondents classified experiences as within the following categories: isolation/control, physical abuse, and sexual abuse. Of the 88% of archival survey respondents, approximately 43% experienced isolation/control, physical abuse, and sexual abuse with an additional 35% experiencing isolation/control and physical abuse. The impact of the traumatic experiences resulted in trust issues, decreased self-esteem, increased methamphetamine use, and loss of their children.

The current findings help to fill the gap that exists in firsthand accounts from child welfare involved mothers. The initiation into and increased use of methamphetamine was noted by Cierra and Alecia in their depictions related to their abusive relationships. Alecia illustrated the progression of her methamphetamine addiction. She began injecting methamphetamine to help her cope after being overwhelmed by the control and emotional abuse she had experienced in the relationship.

The current findings conflict with the results from Carlson and colleagues (2012). According to the current research findings, 88% of the survey respondents and 100% of the participants had experienced domestic violence. Carlson and colleagues (2012) sought to understand the dynamics of methamphetamine and child welfare involvement when compared to other substance use groups. They identified a rate of domestic violence across all groups around 50% and the call for more focused research. The current contrasting findings also provide

support for future research to elucidate the relationship between parental methamphetamine use and child welfare involvement.

Experience of Child Welfare Involvement

The discussion of the findings as it relates to the next research question *what were the experiences of being involved with child welfare for the Moms off Meth group members* entails thematic findings and archival survey data findings. The findings expand existing research and help to fill gaps in the research related to parental experiences in child welfare. The themes identified from participant interviews were disempowerment, fear, and help. Feelings related to disempowerment as shared by the interview participants included feeling judged, humiliated, punished, and stigmatized. The experiences of disempowerment often involved negative interactions with professionals. The experiences of being stereotyped as "one of those people" after recovery was etched in their memory. Interactions with caseworkers and being told they were going to fail was disempowering for Violet. The fear that related to the child welfare involvement was depicted by Alecia when she chided "Big Bad Ole DHS" in a tone similar to the big bad wolf. This fear was experienced by the members even before their children were removed.

Disempowerment and Fear

This research expands the finding of disempowerment during child welfare involvement as found in Cleveland and Quas (2020); this study consisted of semi-structured interviews of parents involved in the child welfare system in California and Florida. One of their expectations was that parents who have more knowledge of the child welfare system would also have more positive attitudes, indicating that the knowledge is a source of empowerment (Cleveland & Quas, 2020). However, this was not the case; they found that the higher the knowledge, the more

negative the attitudes presented (Cleveland & Quas (2020). Cleveland and Quas (2020) alleged that perhaps this sense of disempowerment resulted from feeling overwhelmed knowing the extensive expectations that would be required of them.

Further support and illumination of the thematic finding of disempowerment can be found in Syrstad and Slettebø (2020). This Norwegian study employed an interesting qualitative practice design consisting of two parents, two caseworkers, two therapists, and three researchers as a research group. This group was actively involved as co-interviewers and involved in the analysis to allow their voices to be heard. The primary focus of the research question was related to two questions: *what challenges do mothers experience after child removal and how do they describe their interaction with the family counseling services (FCS).*

The disempowerment and fear revealed in their findings showed that it is futile to oppose the system and that there was a lack of understanding about the removal of their children (Syrstad & Slettebø, 2020). Their participants revealed feeling like the "shit under your feet and the stigma in the community" (Syrstad & Slettebø, 2020). In the current research, this lack of knowledge is expressed by Violet in her description of not knowing what to do; it felt like a "mountain" to her. The participants in both research studies expressed fear of speaking up to ask questions about the removal of their children. Sally experienced this innate fear or fatalism of not asking questions by trying to just "do everything she was told." Cierra felt the stigma in the community as she was admonished from supporting someone else at a court hearing. The participants in this study all successfully revealed how they reframed and overcame the hurt experienced from their involvement in the child welfare system, however, there are remaining elements of hurt that was evident in their emotional expressions during the narrative of these experiences of disempowerment.

Merritt (2020) conducted a pilot study to assess parents' perceptions of the child welfare system based on one's race/ethnicity and socioeconomic status. The aim of the study was three-fold: (a) understand contextual fears and perceptions among marginalized women, (b) identify parent-driven remedies to address fears associated with child-rearing practices to enhance child welfare service delivery, and (c) assess thematic parental fears as predictors of specific types of child maltreatment (Merritt, 2020). The current study findings fill in the gaps and supports the findings from Merritt (2020) as well as provides support for parents and their expressed perceptions and feelings of judgment, blame, intimidation, being overwhelmed, afraid (of family disruption), and a loss of control.

Help

Merritt (2020) reports a gap in the research because there are too few accounts depicting experiences of those involved in the child welfare system. The focus for Merritt's (2020) qualitative research discovered experiences of discrimination and disempowerment by those involved in the child welfare system. An incidental finding from Merritt's (2020) exploratory phenomenology research was a report that there were some participants that had expressed some support by child welfare workers.

The current research helps to fill that gap with the participants' uncovered experiences of fear and disempowerment. Despite having experienced fear and disempowerment, the Moms off Meth members depicted a helpful resolve for their child welfare involvement. This resolve was a continuum of responses of how this help was experienced. Interview and survey respondents identified experiences of help. Alecia mentioned that child welfare saved her life, and the others identified the help as accountability, which challenged them to do better. A quite profound theme was evidenced in the data triangulation of the Moms off Meth archival survey data in Table 4.29.

The themes identified in the survey question, *what impact did child welfare have on your life*, were it changed my life for the better, the kids and I, helped, and angry. Many of the archival respondents used descriptors, such as positive, grateful, life changing, better for my daughter, helped me out of abusive relationship, and made me who I am today. The findings from the current research about the impact of being helped as an essence of the experience, due to involvement in the child welfare system, would be a great opportunity to explore further with further research.

Experience of Recovery

Further discussion of the findings, as it relates to the next research question *What were the experiences of recovery for the Moms off Meth group members*, highlighted common experiences such as attending 12-step meetings, Moms off Meth group, attending religious services, and, for a few, relapses. Overcoming challenges and stabilizing their mental health in early recovery was achieved through the previously mentioned connections and counseling. Research related to recovery experiences is growing but is scant (Kaskutas et al., 2014; White, 2017). Recovery continues to be a living experience for the interview participants, which is unique to each of them.

Relapse

The Moms off Meth participants and archival survey respondents reported common factors related to relapse. Justice and Alecia experienced relapse with alcohol. This was something they had to learn about and work through for their recovery. For Alecia, alcohol use is socially acceptable and something that gives her more cravings, therefore, she attends quite a few AA meetings. Justice experienced relapse most recently with alcohol and marijuana as a result of her bipolar symptoms destabilizing and a long-term romantic relationship ending. The archival

survey respondents, as described in Table 4.29, identified stress and anger as the top reasons related to their last relapse. Other reasons for relapse are relationship concerns/divorce, death job loss, and complacency/low motivation to change. All of the participants continue to take action and responsibility for their recovery long after their child welfare involvement, which is indicative of the change toward a recovery-oriented lifestyle. Justice was the only interview participant that had become re-involved with the child welfare system due to her mental health and not due to substance use.

These research findings extend that of Kougiali and colleagues (2017), who utilized in-depth interviews with 21 participants, eight of which who were not in recovery and 13 who were in recovery. Kougiali and colleagues (2017) found that recovery was not a linear process and that relapse was a process that resulted in learning. The findings in the current research and the research of Kougiali and colleagues (2017) aligns with a systemic resilience model that states if a person lacks resilience in their current system, they overcome painful life experiences by coping with substances. This model theorizes that one chooses either an obsessive cycle or a coping cycle over time, resulting in and leading to consequences that impact self-esteem, confidence, and negative feelings, which are comparable to the participant experiences described above.

Social Groups

Social factors have been found to play an important role in women's recovery (Silva et al., 2013). Social groups are part of reconnecting and build an avenue for continued recovery. Silva and colleagues (2013) completed a grounded study that highlighted recovery as a process of connecting. These connections were experienced on a continuum akin to the participants in the current research. The findings from the current analysis provide information related to multiple types of social interactions that were utilized as a part of their recovery experiences. The

common experiences were 12-step meetings, Moms off Meth group, other religious activities, and being a peer support. All of these were new types of social support for the participants.

Research literature reports that it is difficult to stop using unless one finds new social networks (Boshears,, 2011). The participants shared that they continue to participate in meetings and connect in social groups, except for Justice who still struggles with finding non-using social groups. However, Justice still has connections with a couple of former Moms off Meth members from which she communicates with on occasion. Perhaps for those who struggle with making new social connections it would be beneficial to follow the recommendations made in a study by Brown and colleagues (2015). They suggested that it is more important to build skills to improve their existing social networks because many relationships in the current network still offer a few positive aspects (Brown et al., 2015). This is a conceivable solution for Justice.

The lived experiences of recovery for Justice got easier over time as she became active with helping other parents involved in the child welfare system. When her peer role ended, her primary support system reverted to her family and much of them still used. She shared that setting boundaries with family had always been a challenge; perhaps if she had been provided more support to improve her familial social network, relapse and re-involvement with the child welfare system might have been averted.

Findings from Brown and colleagues (2015) offer other solutions for individuals like Justice who struggle with social network disruption. Their research validated experiences of grief and loss due to social network disruption in recovery. Justice communicated multiple times about her persistent loneliness in recovery, which related to her latest relapse with alcohol. This calls counseling providers and other professionals to assist those in recovery with these grief and loss experiences.

Evolving

The participants identified that their recovery was experienced as a continual evolution. Many of the beginning barriers they overcame had lifted, however, the ongoing demands of life were met through continued involvement in recovery meetings. Justice described that after a year and a half, recovery became much easier. The participants were all working on individual recovery goals during the interview process. Alecia was occupied with self-forgiveness, Violet was engaged with alleviating her depression and trauma, and Cierra was working toward improving here and now awareness of feelings. These are all common elements of recovery as cited in the literature review of recovery barriers, which have been categorized as internal and external (Dyba et al., 2018). The participants' self-described recovery goals highlight the continued internal barriers to recovery even after long-term recovery.

Helping Others

Of primary importance of the lived experiences of the Moms off Meth participants was that of helping others. Helping others became a part of their life purpose and provided them with positive emotions. The participants were able to build a new social system in which to meet their socialization needs. This also provided them with learning to cope and life skills.

Surrender

A powerful moment in the narrative depiction often represented a spiritual transformation. These narratives were unique, however, a few of them shared similar profound moments of surrender to God. Violet and Sally's defining moment in their recovery was a moment they shared in which they cried out to God for rescue. For some of the other participants it was an ongoing spiritual transformation related to recovery. This moment of surrender and/or ongoing ability to surrender old ways of living is a part of the spiritual transformation. This

ongoing surrender to a new way of living is a recovery principle. Alecia shared how God continues to help her grow in her recovery through learning how to forgive herself and empowers her to be able to say, “what used to be my shame is now just my story.” For Violet, having Jesus as her savior was the biggest part of her recovery. Spiritual experiences related to recovery fall under and can be supported by the holistic biopsychosocial theory of addiction (Covington, 2008). The psychological aspects of spirituality in recovery have been documented in the research as reported in Hunter (2016) who found that a common theme in participant experiences was experiencing a higher power and concluded that people need meaning in their lives or there will be an existential void.

The recovery experiences of the Moms off Meth participants fit well under a biopsychosocial model of recovery. The biologic aspects for recovery relate to their mental health maintenance of which continues. The psychosocial aspects of the model, related to the current findings, connect evolving experiences of spirituality, mental health support, continued work on self, social network navigation, and helping others.

Moms off Meth Group Participation

The following discussion is meant to answer the final research question *What were the experiences of being a Moms off Meth group member?* The thematic findings from the composite depiction were safety, relatability, and empowerment. The ability to identify with the other women allowed for a safe place because the women were not court ordered to go there and they felt less judgment. The participants identified that activities helped them to face their shame. Cierra and Justice both described a group activity where they revealed regretful moments as a parent during their active addiction. These experiences decreased their feelings of degradation.

This sense of relatability provided a place where they did not feel as alone in their experiences and they were able to create new non-using relationships with other mothers.

Moms off Meth group was a peer group of which the women gathered to support each other in emotional and practical means. They shared experiences, knowledge, and coping strategies. Extant research supports the use of peer groups to benefit recovery with increased abstinence, higher reunification rates, and service cost reduction (Green et al., 2013; Tracy & Wallace, 2016).

This mutual identification helped to empower the participants of the study, as revealed by Cierra when she spoke of the "awe" of being around so many women who had been overcoming the same struggles. This sharing of experiences was also discussed in Syrstad and Slettebø (2020) when they identified that the support group for mothers at the family center provided a place where mothers were resources for each other by sharing experiences and thereby assisting them in making sense of their own experiences. One of their findings was that mothers desire to belong and to identify as something other than a failed parent (Syrstad & Slettebø, 2020). This relates to the current research finding of empowerment. Violet was empowered when she was able to reframe her shame and realize that she had made "poor choices" instead of just being a "bad mom."

The most common thematic finding from the Moms off Meth group members is that of empowerment. The participants shared stories of the awe-like impact and the repurposing of their challenges by being able to help other women. They were also able to learn how to advocate and give back to the community. New experiences while being clean were also important for empowering the Moms off Meth group members through the change process. The experiences consisted of the Moms off Meth conference, group activities, outings, activism for other mothers,

and connecting with other organizations. The women were also empowered, as they could not be court ordered to attend the Moms off Meth group. This gave them the option and opportunity for self-accountability.

The ability to hold themselves accountable helped shift their locus of control, cultivating feelings of empowerment. An earlier Interpretative Phenomenological Analysis (IPA) research study of 560 Oxford house participants identified that accountability was a primary need of the women coming into the recovery home (Chavira, 2017). Self-accountability was also important to increase the personal power for the Moms off Meth participants.

The current study findings help to fill the gap that exists in current research of self-accountability and addiction. Self-accountability in substance addiction is scant, however, when stepping outside of the addiction framework, there is a plethora of research on self-accountability and behavior for marketing purposes. Dhiman and colleagues (2018) were interested in self-accountability on behavior choices in their single-test research on 550 residential college students. The results indicated that accountability conditions like social norms invoke self-accountability cognitions, which then result in self-regulatory behaviors in individuals (Dhiman et al., 2018). The Moms off Meth group members took responsibility for their lives, their recovery, and for making better life choices to improve their lives and the lives of their children.

Gender specific recovery groups have been in existence since the 1840's with the *Martha Washington Society* (White, 2017). These groups created a "sanctuary of mutual identification and support …a venue through which stigmatized populations can address their shared experience and unique obstacles to recovery" (White, 2017, p. 42). However, it is 2021 and there is still no known access to women specific recovery groups in Iowa. The grass roots group of Moms off Meth allowed rural and urban communities to fill a niche in Iowa. There are 12-step

meetings in Iowa that have supported recovery in Iowa and the interpretation of the next research question in this study.

Theoretical Exploration

This part of the discussion incorporates the current research findings through various theoretical viewpoints for explanation. The models highlighted include the disease model of addiction, the moral model of addiction, and the biopsychosocial model of addiction. The Biopsychosocial model of addiction was the primary framework for the current research study.

The disease model of addiction is another primary theoretical view of addiction and the debate between the two models was discussed in a previous section. The ongoing theoretical debate that connects to this research provides an additional perspective. The participants at times would verbalize their experience in definitive terms representing the disease model. Alecia utilized the term “disease” as a way to portray her own understanding and meaning making of her past experiences. One important meaning, which conveyed this in her experiences of addiction, child welfare involvement, recovery, and participation in the Moms off Meth group, was stated as “what used to be her shame is now just her story.” Alecia made this statement a few times throughout the interview, each time with meaningful and noticeable conviction. Her ability to comprehend addiction as a disease provided relief from the moral turpitude of past choices.

Recovery assisted the mothers in asserting their personal responsibility, which is related to an adapted moral model. An adapted moral model, described in the research literature, focuses on values, personal responsibility, and biopsychosocial influences to increase personal self-agency (Brooks & McHenry, 2015; Frank & Nagel, 2017; Lewis, 2014).

The adapted moral model of addiction, as previously discussed by Frank and Nagel (2017), also provides possible explanation for the current research findings, especially in elements of recovery support and personal agency. Personal responsibility was an important aspect of recovery for Moms off Meth group members. Cierra's realization that it was her choice to recover or not recovery assisted her in making a choice that was in line with her values and gave her the ability to realize she had personal power. This personal power had not been realized for some time because of her feeling of victimization. Sally also highlighted how important personal responsibility was for her and how it was experienced in her child welfare involvement, 12-step meetings, and Moms off Meth group participation. She also shared about the necessity of personal responsibility to aid recovery. Personal responsibility was a core part of the Moms off Meth group philosophy to help precipitate action toward recovery.

Both models seem to provide benefit in understanding the experiences of participants. This is congruent with the findings of Barnett and his colleagues (2017), who identified the commonplace use of eclectic approaches to support the treatment of addiction. Both models, providing support of understanding, pinpoint the complexity of experiences of methamphetamine addiction, child welfare involvement, recovery, and being a member of the Moms off Meth group. This is also a segue into using a Holistic theory for understanding the experiences of the Moms off Meth members.

Covington's (2008) biopsychosocial model entails a contextualized holistic approach for understanding women's experiences. This current perspective incorporates historical aspects of experience, relational cultural theory, and trauma for understanding all the experiences of women's addiction and was also the theoretical frame discussed in a previous section.

This holistic view provides a necessary framework for understanding the thematic expressions and experiences shared in the analysis for both the participants and archival survey respondents, highlighting the necessity for such a broad scope in a theoretical model. Many of the current findings were connected to relationships and trauma as evident and highlighted in the remainder of the discussion.

Addiction has extensive research that has been explained by genetics, neurobiology, psychological experiences, self-medication, social economic factors, and cultural variants; genetic components describe another pathway to addiction (MacNicol, 2017). Anxiety and other mental health disorders are often self-medicated with substances and are very common co-occurring disorders (Atkins, 2014). The process of self-medication was described in these results. Biological aspects related to the findings from participant recovery from methamphetamine did not include discussion of medication-assisted treatment; however, mental health medication is an important part of recovery for Violet, Justice, and Alecia to help prevent self-medication.

The psychological factors described in Covington's (2008) biopsychosocial model included aspects of identity, trauma abuse history, hope, empowerment, and spirituality; all of which were revealed in the current findings. Social factors related to the current findings are connected to various aspects of social networks (relational frames) for the Moms off Meth group members. Recovery activities provided avenues for new social networks to be developed for the participants. These activities included attending religious activities, 12-step meetings, and Moms off Meth group. The culmination of these experiences resulted in post-traumatic growth for the participants and archival survey respondents.

The contextualized experiences of participants and archival survey respondents emphasizes connection as a type of catharsis that supports identity change and helping the mothers regain custody and stay clean. Moms off Meth had provided a haven, a safe place to share their story. This helped promote healing. The informal social network had a multifaceted impact with beginning to provide the women a voice. The voice they began to speak up with helped them share their story as they begin to verbalize their early childhood experiences of trauma, the pathway of their addiction, and what they wanted to do to get better. This was an important step for them in taking responsibility for their lives.

This empowering comradery, as described by Cierra, was instrumental in their healing. For Violet, it helped her to change her identify from that of a bad mother to a recovering mother. Moms off Meth was the bridge of hope that empowered them to let what was once their shame now be their story. Cierra also shared about a shift in her shame as she described wearing the Moms off Meth t-shirt.

> Cierra: I know at first I [inaudible] because we had t-shirts made and wearing them that Moms- it said it bright as day on the back, you could not miss it. And I'm kind of hesitant about wearing the shirt at times and over the years, it doesn't bother me at all, people ask me about it, still to this very day when I wear my t-shirt, Moms off Meth, what's that about? It does come up, cause- what does your shirt say? You read it correctly. It throws people off for a loop when they see that shirt, but I wear it, I wear it proudly now. I used to be more embarrassed by it, but I can wear it proudly now… like I said I still wear the shirt still to this very day.

Practical Application

The findings in this research provide personal accounts for the experiences of methamphetamine addiction, child welfare involvement, recovery, and Moms off Meth group participation. Professional and peer supports, involved in substance use disorder treatment, the child welfare system, counseling, and para-professional peer roles, can utilize these findings by purposively empowering mothers. Self-advocacy that occurred as part of the Moms off Meth

group involved helping other women navigate through the child welfare system. This was done in practical ways of writing their own court reports, making sure to see the judge, writing letters to the foster parents, and asking questions to understand what was happening in their case. Providers can assist mothers with these practical activities to increase advocacy and empowerment.

Also, application of the findings can be applied to spur the formation of groups similar to the Moms off Meth group or incorporate into existing groups the opportunity for safety, accountability, advocacy, and empowerment. The ability for a group to provide comradery and safety can enhance positive experiences in the difficult and complex reality that mothers in recovery face. This type of peer assistance could support mothers with navigating the child welfare system, promote resiliency, enhance post-traumatic growth, and strengthen recovery.

Implication for Social Change

The findings from this study provide a possible pathway of restoration for mothers who struggle with methamphetamine addiction. These findings provide additional information to fill gaps in the existing research literature related to onset, initiation, and the impact of the trauma as a pathway to methamphetamine addiction, child welfare experiences, and recovery experiences. There were tangible improvements in the lives of the Moms off Meth group members, which could be replicated in various formats. The replication is not bound by rural or urban designation. Women having a safe space to share their experiences can be the empowerment they need to help navigate the child welfare system. The degradation they have experienced in active addiction can be diminished in such an atmosphere.

This type of support has had a lasting impact on the communities in Iowa, as expressed by the participants in this research. The hundreds of women who experienced Moms off Meth

had a different space provided to them and they became active responsible members of their community. Seeing women overcome challenges helps to break down the stereotypes of "those people."

These findings illuminate the fear mothers can face when their children are removed and can be altered by helping to educate parents on how to navigate the system and other systems in which self-advocacy is important. Changes in the child welfare system could be developed to find ways in which to decrease the stigma these mothers face. This can be done through education and teaching advocacy. Other "helper systems" (counselors, attorneys, court advocates, foster care review boards) can also work to educate and teach advocacy skills.

A great and lasting change can come by helping inform counselor educators to provide counseling students with awareness on these matters. Educators can be the example of helping future counselors identify their personal bias towards mothers who use methamphetamine. The cry for social justice in the counseling field also needs to increase assessment and interventions that improve self-advocacy and activism skills in marginalized populations. As a profession, we cannot be the only voice for those marginalized. They need to be supported in using their own voice. Many counselors also need to have these skills improved upon, which could easily be matriculated into a counseling program. Dissemination of these findings can be done through educating counselors and finding avenues to connect with the child welfare and recovery groups.

Recommendations for Future Research

The recommendations for future research are related to the findings from this study and hope to spur further investigations connected to stigma, shame, diet pill usage in vulnerable females, and the role of self-accountability with reunification. The participants discussed shame in response to their methamphetamine addiction and personal moral failings; further focused

investigation into healing that shame could be beneficial to this population of women. The stigma experienced by these mothers was faced on at least three fronts: addiction, methamphetamine addiction, and mental health concerns. Future research that relates to addressing stigma through assessment and intervention could help extend the understanding of these dynamics and reveal ways to combat this stigma.

One surprising finding was the use of diet pills in most of the participants as teenagers. Due to the scope of this research, this was unable to be expanded on but warrants further investigation. Another interesting implication of these findings for future research would be exploring the relationship between personal accountability and reunification rates. The data for this research was not aligned to formulate such a finding, however, a crux of the Moms off Meth group was accountability in recovery. There seems to be little or no research focusing on recovery principles such as self-accountability. Perhaps exploring this relationship could provide helpful interventions and support for reunification.

Role and Transformation of the Researcher

The heuristic phenomenological approach entails a description of how the researcher was transformed by the research experience. The periods of reflection support this process as part of the heuristic methodology. I could not and did not want to be divorced from the research process, hence why this methodology was chosen. In so aligning with the heuristic tradition set forth by Moustakas (1990), I reflect on my feelings during this research process. It may seem cumbersome to a few to provide further elucidation of my own experience, however, current research critique related to this methodology has alleged that many current heuristic research studies are ambivalent, void of self-search in exchange for a phenomenological explication. This does not allow for the transformative experience of the research and therefore will have less of

an impact on the understanding as a whole (Sela-Smith, 2002). It is the aim of this researcher to communicate the transformation of self-knowledge by illuminating my experiences of the research phenomena and to be congruent with the heuristic methodology.

My curiosity for this research phenomenon began with a stirring from which I felt that my voice had not been heard throughout my life, especially when my children were removed. I felt deeply connected to these Moms off Meth. When we were all together, there was acceptance, a path out of the heavy shame that was draped upon my soul. The feelings of empowerment grew and were inspiring; my internal voice whispering to me to raise my head from shame and speak my truth. Gathering for the conference, with the spirit of the Moms off Meth group and my researcher brain, led me to ask those in attendance to help give voice to our experiences in the future; the archival surveys were completed. I protected and kept those surveys for many years in the hopes that someday that I would help give voice to "us," the Moms off Meth.

Even as I began working as a peer support and in my professional roles, I often heard others lay shame to those with addictions, especially mothers. I had almost given up hope on how I could utilize the stored surveys until my qualitative research course. Throughout this research journey, the transformation that has taken place involves an experience that I had at a community presentation. As I reflect on this experience and the resurgence of the memory the change has been in my ability to understand more even though what I want from others is better understanding.

I remember the pit in my stomach as I sat at a table with another counseling professional and new peer parent support. The words of the speaker are burned in my memory; "I don't know why anyone would use methamphetamine while they were pregnant anyway." My desire to understand why I had such a visceral reaction was part of the discovery in this heuristic process.

I questioned myself on whether the visceral reaction was because of the vulnerability of the new peer support or if it was a wounded part of myself that was resurfacing.

My answer to that question remains mostly the same and I am grateful for that experience in many ways. One reason is because that experience helped sustain my desire to finish this research. Another reason is the unchanged reality that other mothers battling with methamphetamine addiction still need to have their voices heard. It is also a reminder to me to keep speaking and using my voice.

There were other experiences in my professional dealings with other counselors and social workers that often ended with me advocating about the stigma of methamphetamine. Then, there were also my clients that were involved with the child welfare system; they had not been educated on how to navigate the system and were losing the battle of reunifying with their children. Utter dismay at some of these experiences powered my curiosity of what was different due to the experience of Moms off Meth group participation.

The participation in Moms off Meth group was instrumental for me in my own recovery story and still serves me on this journey. I had been clean for 18 months and active in 12-step recovery. However, my other recovery atmosphere did not allow space for the shame of being a "bad mom." I have experienced this as a spiritual aspect of my healing that was brought about at just the right time. The transformation from this research experience has confirmed and curated an amazing amount of gratitude in which I am in awe that I was so fortunate to have this experience; without it, I am afraid of where I could have been. To know that it is such an important part of me getting my voice back is such a gift.

My process of reflection through this journey highlighted some forgotten moments in my own experiences of methamphetamine addiction, child-welfare involvement, recovery, and

Moms off Meth group participation. One of these memories is my ability to be harsh towards those who stigmatize methamphetamine misuse and to be clueless that I had substance use disorders. The frame of my judgments has often displayed a picture of myself and has also contributed to self-shaming and loathing. When I became immersed in my using, my mode of using changed from snorting to smoking, which awoke a demon in which I struggled to break free. Graduate school was not enough to save me from my awakening a year and a half of powerlessness and active addiction.

During the research process, I reflected on what it was that made the difference in being able to reunify with my children. I remember what it felt like to be slipping downward; my friends changed as my first social network was a continuum of users, those who used a few times a year to those that used daily. I saw individuals try to "maintain" or "not let the drug control them" as guideposts for functioning in the normal world. I desperately tried to cling on to any type of control that resembled my life before methamphetamine. Unfortunately, I also experienced a darker side of using in which normal conventional means were not thought about much. I feel fortunate that I did feel guilt and shame for my actions; it is a part of what helped me want to escape the nightmare of methamphetamine addiction and losing custody of my children.

This research process also brought light to forgotten moments of darkness that lingered. The most difficult to acknowledge is the lingering feelings of being a "bad mom." I am fortunate that Moms off Meth helped me to reframe these behaviors, as my poor choices in active addiction, and that I can continue to strive to be a better mother.

Periods of reflection helped to reveal how remnants of shame still existed in naming some of these experiences. This heuristic process is not hurried or dictated by a clock

(Moustakas, 1990). As I sat and listened to the interviews repeatedly, I was mesmerized by the tremendous strength described by these women in overcoming the trauma of their lives. I have had similar experiences that paved way for my route to addiction, such as early parental loss, high amount of childhood adversity/chaos, and experiencing domestic violence. Part of the thematic exploration of the impact of abuse and domestic violence felt heavy, at times, as I sought to make meaning of these experiences.

Identifying themes brought up the reminder that healing continues and evolves. I experienced a multitude of emotions as I sorted statements on how others had been impacted by abuse and as I witnessed the strength of others. It had been a long journey out of that darkness and yet overcoming those past difficulties fills me with reassurance and faith for more overcoming. However, this illumination helps me to choose. Choosing is the gift; through choice, I have been empowered to figure out who I am and where I am going. This is the empowerment I needed, and it came through compassion and support. In the Moms off Meth group, we took ownership of our lives. I owned where my life was and took responsibility to move towards a healthier life.

This research transformation was subtle at times. All these experiences are the self-search, self-dialogue and self-discovery process discussed by Moustakas (1990). My understanding of this transformative process resonates as a type of spiritual experience in which I awaken with a different view of a distant horizon. Perhaps just like Alecia, what was once my shame is now my story.

There is a wider chasm between me and my past "story," which allows me to rejoice in the hard work I have done to create a different way of living and as I tell others, be loud and proud of my recovery. What difference did my experience with the Moms off Meth group make

in my life? Well, it made a huge difference; it made all the difference in being where I am today. As a professional, I continue to teach people to advocate and use their voice in hopes that it helps them to cross the bridge to a new way of living. I may not be able to formally attend the meetings since they are no longer happening, however, I will always be a Moms off Meth.

Creative Synthesis

As I completed interviews and analyzed data this image of crossing a bridge has continued to form as the culmination of this heuristic process. I have an image of a bridge, and this bridge begins at a place of where *her* normal is. Perhaps, for some, it is a treacherous swinging bridge that crosses an abyss of emotional traumatic pain and the intensity of her children being on the other side brought her to her knees. She cannot see her children through the dense fog that rises out of the abyss, however, she can hear their voices, smell them, remember their touch, and they never leave her mind's eye for a moment. To cross this bridge, she must build all new planks. This feels similar to the disempowerment throughout her life. She feels alone and desperate; she tries to move more quickly and jump across large gaps and almost falls into the abyss. There are moments when the fog lifts and hope resides as suddenly others who have went before her begin to hand her a few planks to help her make it across. There are times when her feelings of inadequacy and failure are like slippery dew challenging her ability to balance, but she eventually makes it across the bridge. She embraces her children and realizes that she can continue this journey and leave the abyss behind. Before she continues, she turns around and gives some of her new planks to another mother just starting across the bridge.

Moms off Meth and other recovery networks provided many planks to the women in this research who also had to cross that similar bridge across the abyss of methamphetamine addiction. The women also had to build some of these planks themselves; these were the new

identities of a recovering mother. They realized they had a choice to go back or build something new to cross over the abyss.

This heuristic inquiry sought to give voice to the Moms off Meth group members, strong, courageous women who have made many remarkable journeys. Remembrance of their life journeys through difficult traumatic experiences is one of which not to take lightly. The ability to provide trauma informed services to this marginalized group is paramount. Professionals need to take an empowering role in helping mothers cross this bridge of recovery.

The Moms off Meth group was a firebrand. According to Moustakas (1995), a firebrand is a burning ember that sparks energy to speak against distortion of the truth. That spark sets a blaze in which we discover a new formula for living, it lights up the dark to reveal the truth. A firebrand seeks to own who they are through self-exploration. A firebrand chooses to be different especially when doing so represents a truth; the Moms off Meth group boldly faced the truth of methamphetamine addiction through the choosing of its name. A firebrand opposes discrimination, especially that which is masked through professional roles and rules (Moustakas, 1995). The truth of the Moms off Meth is that they loved their children and were so much more than their methamphetamine addiction. They wrote their own court reports, spoke in the community to fight stigma, and faced their shame. They were bonded as advocates to be the torch to teach so many others this truth as well.

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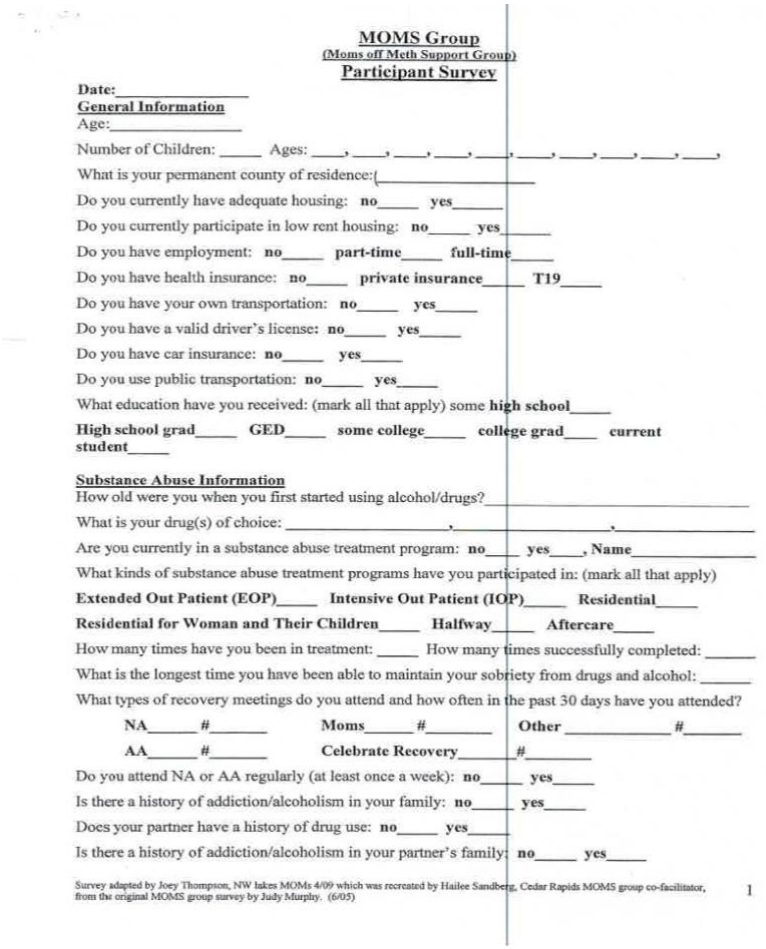
APPENDIX A: Moms off Meth Support Group Participant Survey



MOMS Group
(Moms off Meth Support Group)
Participant Survey

Date:_____
General Information
Age:_____
Number of Children: _____ Ages: ____, ____, ____, ____, ____, ____, ____, ____, ____, ____, ____,
What is your permanent county of residence:(_____
Do you currently have adequate housing: **no**_____ **yes**_____
Do you currently participate in low rent housing: **no**_____ **yes**_____
Do you have employment: **no**_____ **part-time**_____ **full-time**_____
Do you have health insurance: **no**_____ **private insurance**_____ **T19**_____
Do you have your own transportation: **no**_____ **yes**_____
Do you have a valid driver's license: **no**_____ **yes**_____
Do you have car insurance: **no**_____ **yes**_____
Do you use public transportation: **no**_____ **yes**_____
What education have you received: (mark all that apply) some **high school**_____
High school grad_____ **GED**_____ **some college**_____ **college grad**____ **current student**_____

Substance Abuse Information
How old were you when you first started using alcohol/drugs?_____
What is your drug(s) of choice: _____,_____,_____
Are you currently in a substance abuse treatment program: **no**____ **yes**____, **Name**_____
What kinds of substance abuse treatment programs have you participated in: (mark all that apply)
Extended Out Patient (EOP)_____ **Intensive Out Patient (IOP)**_____ **Residential**_____
Residential for Woman and Their Children_____ **Halfway**_____ **Aftercare**_____
How many times have you been in treatment: _____ How many times successfully completed: _____
What is the longest time you have been able to maintain your sobriety from drugs and alcohol: _____
What types of recovery meetings do you attend and how often in the past 30 days have you attended?
NA_____ **#**_____ **Moms**_____ **#**_____ **Other** _____ **#**_____
AA_____ **#**_____ **Celebrate Recovery**_____ **#**_____
Do you attend NA or AA regularly (at least once a week): **no**_____ **yes**_____
Is there a history of addiction/alcoholism in your family: **no**_____ **yes**_____
Does your partner have a history of drug use: **no**_____ **yes**_____
Is there a history of addiction/alcoholism in your partner's family: **no**_____ **yes**_____

Survey adapted by Joey Thompson, NW Iakes MOMs 4/09 which was recreated by Hailee Sandberg, Cedar Rapids MOMS group co-facilitator, from the original MOMS group survey by Judy Murphy. (6/05)

1

Do you have a sponsor? **no_____ yes_____**

What is your clean date ?_____

What was the reason for your last relapse? **Stress_____Death_____Divorce_____job loss_____anger_____**

Have you experienced any significant losses in the past 12 months and what was it?_____

What barriers or challenges are your primary concern now:

Housing_____ Transportation_____Employment_____Daycare_____Legal _____

Food_____Clothing_____Access to Education_____Other_____

Childhood Abuse Information

Are you a survivor of childhood physical abuse: **no_____ yes_____**

Are you a survivor of childhood emotional abuse or neglect: **no_____ yes_____**

Are you a survivor of childhood sexual abuse: **no_____ yes_____**

What impact have these things had on your life:_____

Have you ever received services to help you with these issues: **no_____ yes_____**

Did these services help you: **no_____ yes_____** Why or Why not:_____

Adult Relationship Abuse/Domestic Violence Information

Are you a survivor of an abusive adult relationship/Domestic Violence: **no_____ yes_____**

Did any if these relationships involve:

- Physical abuse: **no_____ yes_____**
- Sexual Abuse/Assault: **no_____ yes_____**
- Isolation/Controlling: **no_____ yes_____**

What impact have these things had on your life: _____

Have you ever received services to help you with these issues: **no_____ yes_____**

Did these services help you: **no_____ yes_____** Why or Why not:_____

Mental Health Information

Have you been diagnosed with a mental illness: **no_____ yes_____**

If yes, what is your diagnosis: _____

Are you currently being treated for a mental illness: **no**_____ **yes**_____

What impact do think your mental illness has had on your addiction: _____

_____

Criminal History Information

Have you been involved in the criminal justice system: **no**_____ **yes**_____

Have you ever been incarcerated: **no**_____ **yes**_____ If yes, how long: _____

Are you on parole or probation: **no**_____ **yes**_____

Involvement with Department of Human Services Information

Where you involved in child protection services w/ DHS when you were a child: **no**_____ **yes**_____

Are you & your children currently involved in child protection services w/ DHS: **no**_____ **yes**_____

Have you & your children been involved in child protection services w/ DHS in the past: **no**___ **yes**___

What were the results of current or past services involving your children: (mark all that apply)

Voluntary Services_____ **CINA/Court Ordered Services**_____ **Reunification**_____

Termination of Parental Rights_____ **Children in Foster Care**_____ **Children Placed with Family**_____

What services do you participate in that are required by your DHS worker: _____

_____

Do you feel these services are helpful: **no**_____ **yes**_____ Why or Why not_____

_____

What impact has your involvement with DHS had on your life:_____

_____

What supports do you currently have to in your life?

Family_____**Faith Community**_____**Community agencies**_____**Non-Using**

Friends_____**Recovery Community Peers**_____**Spouse/Sig.Other**_____ **Parent**

Partner_____**Others**_____

Do you have someone you can talk about on-going problem/barriers that you face in every part of your life: **no**_____ **yes**_____ If yes, whom:_____

Is your family supportive of the changes you are making in your life: **no**_____ **yes**_____

Is your partner supportive of the changes you are making in your life: **no** _____**yes**_____

Is your partner's family supportive of the changes you are making in your life: **no**_____ **yes**_____

Thank you for your help in filling out this survey. This information will help us help you and other woman better..

_____

APPENDIX B: Recruitment Form

A Room with a View: Lived Experiences from the Moms off Meth Group
Mrs. Joey Gude
Liberty University
Department of Counselor Education and Family Studies
in the School of Behavioral Sciences

Date:

Dear [Recipient]:

As a graduate student in the department of Counselor Education and Family Studies in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a PhD degree. The purpose of my research is to expand research by revealing the lived experiences of the Moms off Meth group members as it relates to their experience of addiction, child welfare, recovery, and their Moms off Meth group membership. I am writing/emailing to invite you to participate in my study.

If you are 18 years of age or older, participated in a Moms off Meth group, have ever met the criteria of having a methamphetamine use disorder, and are willing to participate, you will be asked to participate by interacting in audio and video recorded interviews. These interviews will be completed in a 60-120-minute time frame in order for you to share your experience. Your participation will be completely confidential. Any personal or identifying information will be kept confidential and secure through the use of pseudo names, passwords, and restricted access only by the research team.

To participate you can make a verbal agreement over the phone to arrange an interview. Then at the time of the arranged interview you will be asked to sign a participant agreement and an informed consent document. The consent document contains additional information about my research. I will provide you with your own copy and request you sign one for my records at the time of the interview.

Sincerely,

Mrs. Joey Gude
M.A., LMHC(t), CADC, PHD candidate

APPENDIX C: Consent Form

A Room with a View: Lived Experiences from the Moms off Meth Group
Mrs. Joey Gude
Liberty University
Department of Counselor Education and Family Studies
in the School of Behavioral Sciences

You are invited to be in a research study on understanding the lived experiences of methamphetamine addiction, recovery, child welfare, and participation in the Moms off Meth group. You were selected as a possible participant because of your participation in the Moms off Meth group and having met the requirement of methamphetamine use disorder at some time in your life. Please read this form and ask any questions you may have before agreeing to be in the study.

Joey Gude, a PhD candidate in the Department of Counselor Education and Family Studies in the School of Behavioral Sciences at Liberty University, is conducting this study.

Background Information: The purpose of this study is to increase understanding of methamphetamine addiction, recovery, child welfare involvement, and participating in the Moms off Meth group through the lived experiences of the Moms off Meth group members.
Procedures: If you agree to be in this study, I would ask you to do the following things:

1. Agree to be interviewed using audio and video technology.
2. Agree to a follow up phone call to clarify or confirm findings after the processing of the interview.

Risks: The risks involved in this study "The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life."

The potential for risk be it small could include experiencing uncomfortable emotions about some of the interview content. It is also a requirement to inform you of the mandatory reporter status of the interviewer (child abuse/neglect, elder abuse, or intent to harm). Therefore, a protocol is in place to help provide referral resources in the event of an adverse risk event. You are free to stop the interview/participation at any point in the study. Debriefing after the interview process will be completed to help support minimal risk.

Benefits: The benefits of the study to the participant include decreasing stigma and assisting other professionals with a better understanding of addiction, recovery, child welfare, and participation in Moms off Meth. Benefits to society potentially include providing new insights into assisting mothers who have child welfare involvement and methamphetamine use disorder. Another potential benefit to society is the increase of understanding about the experiences of the moms off members.

Compensation: Participants will not be compensated for participating in this study

Confidentiality: The records of this study will be kept private and anonymous through the use of pseudo names. In any sort of report, I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. I may share the data I collect from you for use in future research studies, other researchers, or publications. If I share the data that I collect about you, I will remove any information that could identify you, if applicable, before I share the data. Participants will be assigned a pseudonym. I will conduct the interviews in a private location where others will not easily overhear the conversation. Data will be stored on a password locked computer and a backup password protected USB. The possible dissemination of the data includes future presentations and publications. After meeting the three-year federal requirement, all electronic recordings will be deleted. The recordings will be stored on a password protected computer and a password protected USB that only the researcher will have access to and erased after three years.

Voluntary Nature of the Study: Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study:
If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you, will be destroyed immediately and will not be included in this study.

Contacts and Questions: The researcher conducting this study is Mrs. Joey Gude. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at 712-320-0202, or jthompson41@liberty.edu. You may also contact the researcher's faculty chair, Dr. Thomas at jcthomas2@liberty.edu. If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher[s], **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 1887, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information for your records.
Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record and video-record me as part of my participation in this study.

_____

Signature of Participant Date

_____

Signature of Investigator Date

APPENDIX D: Research Interview Guide

A Room with a View: Lived Experiences from the Moms off Meth Group
Mrs. Joey Gude
Liberty University
Department of Counselor Education and Family Studies
in the School of Behavioral Sciences

This guide provides a framework for potential questions:

Start with a general introduction and general warm up activity…Briefly tell me about yourself

What are your experiences of methamphetamine addiction?

- How do you define addiction?
- How did you begin using methamphetamine?
- How would you describe your experiences of methamphetamine addiction?
- How did your experiences of methamphetamine addiction impact your motherhood?
- How have mental health factors, traumas, job loss, education status, housing, relocation, relationship disruption, loss or grief impacted your addiction?
- What sense do you make out of your addiction experiences now?
- How does addiction impact you today? (Biologically, psychologically, socially)?

What were your experiences of being involved with child welfare?

- how did you become involved in the child welfare system?
- How long or often were you involved with child welfare?
- How would you describe your experiences of the child welfare system?
- How have you experienced barriers to reunification?
- What has the lasting impact of child welfare been on you and your family?
- How has your experience of child welfare changed you?
- How do you view that experience now?

What are your experiences of recovery?

- How would you define recovery?
- How would you describe your experiences of recovery?
- How have you experienced relapse during recovery?
- What obstacles have you experienced in your recovery? (Biological/health, psychologically, socially)?
- What is your recovery like now?
- What has been the most influential on your recovery?
- Who has been the most influential on your recovery?

What were your experiences of being a Moms off Meth group member like?

- What is your first memory of the Moms off Meth group?

- What was your initial impression?
- How did you become involved with the Moms off Meth group?
- How would you describe your experiences of the Moms off Meth group?
- What experiences from Moms off Meth have had an impact your recovery?
- What does Moms off Meth mean to you today?
- What impacted your choice not to continue?

What else is important to your experiences of addiction, child welfare, recovery, and that you want to tell me?

APPENDIX E: Interview Protocol

A Room with a View: Lived Experiences from the Moms off Meth Group
Mrs. Joey Gude
Liberty University
Department of Counselor Education and Family Studies
in the School of Behavioral Sciences

1. Confirm meeting location and time 24 hours prior
2. Start recording devices
3. Review Informed consent and have the form signed.
4. Provide the participant with referral resources appropriate to their community
5. Confirm that the demographic form and anonymous background data are received
6. Thank the participant for their time and volunteering
7. Engage in initial dialogue, icebreaker to create conversational/relational flow
8. Introduce the interview process by reviewing central purpose of the study
9. Orient them to the interview questions
10. Begin the interview
11. Conduct the interview according the focus of research questions with the interview question guide
    a. *What were the experiences of methamphetamine addiction for the Moms off Meth group members?*
    b. *What were the experiences of being involved with child welfare for the Moms off Meth group?*
    c. *What were the experiences of recovery for the Moms off Meth group members?*
    d. *What were the experiences of being a Moms off Meth group member?*
12. Listen and respond to the participant with positive regard, warmth, empathy, and establish dialogue
13. Ask the participant if there is anything else they would like to share about the topic.
14. Allow for a natural closing in the 60-120-minute time frame
15. Thank the participant for their volunteering again
16. Confirm them as to the procedures of member checking and confirm procedural details about member checking.
17. Stop recording devices.

APPENDIX F: Preparation for Interview

A Room with a View: Lived Experiences from the Moms off Meth Group
Mrs. Joey Gude
Liberty University
Department of Counselor Education and Family Studies
in the School of Behavioral Sciences

- ☐ Print out this checklist form
- ☐ Confirm verbal acceptance of participation

Best options for potential interview date _____
Preliminary interview date: _____

- ☐ Obtain mailing address, preferred method of contact, and telephone numbers

Name _____
Address_____
Phone _____
Email_____
Preferred method of contact _____

- ☐ Print out cover letter specifying initial interview time and meeting location options.
- ☐ Print out informed consent,
- ☐ Print out demographic forms
- ☐ Print out research question guide to participants
- ☐ Mail and or email all items per participant preference

APPENDIX G: Recording Interviews

A Room with a View: Lived Experiences from the Moms off Meth Group
Mrs. Joey Gude
Liberty University
Department of Counselor Education and Family Studies
in the School of Behavioral Sciences

1. Arrive 1 hour prior to scheduled interview time
2. Make sure that there is ample space on the device
3. Set up recording devices in locations for quality recording
4. Do a test recording
5. Record the interview
6. Press stop and save the recording
7. Make sure there is backup saved on a secure hard disk before leaving the location
   Return the interview space to its proper condition