

MOMS Project Philosophy

The MOMS Project is a research demonstration project designed to study an interdisciplinary approach to recovery for substance using pregnant women. The Project is a research/field study grant application awarded to the State of Washington, Department of Social and Health Services, Division of Alcohol and Substance Abuse, with funding from the National Institute on Drug Abuse,(NIDA). MOMS is based on the belief that a pregnant women's recovery needs are diverse and multifaceted and that a collaborative approach between different agencies and disciplines is more likely to lead to optimum client outcome.

The recovery environment will include any setting in which the client receives services from a MOMS Project team member. MOMS Project team members, in whatever capacity will follow a comprehensive recovery approach. For the purpose of this project, in order to assist the client in achieving optimal outcome it is necessary to note that the terms "treatment" and "recovery" may be used interchangeably. Both terms refer to the process of assisting the client in achieving maximum outcome and involve components of the MOMS Project.

To achieve it's goals, the MOMS Project philosophy is based on a comprehensive, multidisciplinary approach, focusing on maximum recovery from chemical dependency, since all MOMS clients are enrolled in the Project as a result of their involvement with drugs/alcohol. A comprehensive, multidisciplinary recovery approach has been shown to be the most effective approach for chemically dependent women in alleviating the negative effects of drugs/alcohol in their lives.

The goal of the comprehensive multidisciplinary recovery approach is to assist the client in achieving maximum recovery and to learn to recognize signs and symptoms of relapse and to effectively reduce or eliminate these signs and symptoms of defense mechanisms before destructive behavior patterns become reactivated. The self-help model of recovery will form the conceptual frame-work for the multidisciplinary recovery approach.

MULTIDISCIPLINARY GOALS:

Project Coordinator/Administration: Due to the comprehensive, multidisciplinary nature of the MOMS Project, the objective of the Project Coordinator and administration are to 1)ensure that the goals and objectives of the Project are adhered to 2) that the level of funding is sufficient to implement Project's goals and objectives and; 3) to assist each multidisciplinary component to incorporate their individual agency's philosophy and expertise into the overall Project goal of client recovery.

Case Management: Through a community out-reach effort consisting of teams of social workers and public health nurses, case management will identify, engage and motivate chemically dependent women into treatment. It is recognized that intensive case management services is the most effective way to assess and intervene with these women's medical and social needs. Priorities of the service plan are determined by the client's priorities and the health and safety needs of the fetus and/or other children.

Medical services: Medical services are recognized to be a integral part of recruitment and retention of chemically dependent women into treatment. Many chemically dependent women are known to fail treatment requirements because of undiagnosed or untreated medical problems, and many other women drop out of drug treatment because of medical complications. The medical component of the MOMS Project has the goal of providing comprehensive OBGYN and general medical services to clients so that maximum recovery outcome can be achieved. Education and prevention services are seen as a vital role of the medical staff.

Research: The goal of research in the MOMS Project is to collect and disseminate data that will improve the lives of chemically dependent women and their children and will provide baseline data on the most effective treatment approach to utilize with chemically dependent women. Research staff will focus on the client's recovery process when working with the client in order to maximize client participation. When Research efforts that are framed as part of the client's recovery process, will contribute to the client being more accepting of research participation and follow-up.

Family Support: It is the goal of family support to create an environment in which the MOMS Project "family" of clients and staff will experience and learn how to create a safe and healthy support system, a community, problem-solving environment, and observe and reinforce family strengths.

Child Development: It is the goal of the child development component to develop and implement a therapeutic setting for MOMS Project children in which both the emotional and cognitive needs of children and mothers are recognized and met. The child development specialists also strive to teach effective parenting skills to clients through both didactic and experiential activities.

Chemical Dependency Treatment: The chemical dependency treatment component of the MOMS Project serves as an intensive intervention facility for residential and outpatient services, in which MOMS Project clients learn specific life-skills tools to convert addictive behaviors into recovery behaviors. Perinatal Treatment Program supports the recovery milieu by role-modeling a therapeutic approach to recovery. The clients receive individual, group and family counseling services as well as staff and peer interaction on healthy life-style issues. Perinatal Treatment Program works in collaboration with the other disciplines in organizing multidisciplinary case-staffings and interventions that support each client achieving her personal recovery plan.

RECOVERY PROCESS:

The multidisciplinary recovery approach will include the collaboration of the following disciplines: case managements services, medical services, chemical dependency treatment, research, and family support and child development services. All interventions by these various disciplines are provided within a supportive project environment. All involved agencies recognize the need to work together in a collaborative effort to produce maximum outcome to the client.

The multidisciplinary recovery approach is both unique and vital to assist chemically dependent women to achieve maximum recovery. Each disciplinary component will

function to serve MOMS clients as outlined by their agency/organization mission statement. Involved agencies will merge their agency's goals into a MOMS Project philosophy which will focus on the Project's long-term commitment to client recovery. This multidisciplinary recovery approach is based on the premise that without achieved recovery, chemically dependent women will eventually experience relapse and the ineffective and dysfunctional behavior in their lives will continue. If this occurs, not only the women but their children will suffer the negative consequences associated with drug dependency.

The recovery process will focus on assisting the client to learn self-evaluating techniques by utilizing an approach which includes limit setting, positive feedback and re-parenting techniques. The recovery milieu will involve the practice of giving positive feedback and role-modeling by MOMS Project staff and peers so that the client can restructure her dysfunctional behavior patterns in a safe and empathic environment. When the client has demonstrated the ability to recognize and intervene with self-defeating behaviors in a myriad of "real-life" situations, that client will be said to have achieved a recovery focused lifestyle.

The comprehensive, multidisciplinary approach to treatment claims that recovery is never fully achieved. Chemical dependency is believed to follow the disease model in that there is no cure, only control. Clients are taught through the recovery process that recovery is a life long process. All clients will be encouraged to continue with their recovery after leaving treatment.

DEFENSE MECHANISMS:

Defense mechanisms are the symptoms of the disease of chemical dependency. The main defense mechanisms involved in chemical dependency include 1) denial, 2) avoidance, 3) minimizing, 4) rationalization, and 5) fatalistic thinking. Just like high blood pressure, arteriosclerosis, high level of cholesterol and obesity are danger signs of impending cardiac problems in an individual with known heart disease, so are these defense mechanisms known to be danger signs in an individual with a known chemical dependency.

The recovery process therefore, involves learning to recognize and intervene in the pattern of defense mechanisms. Because of the very nature of chemical dependency, the individual in the initial phases of recovery is not able to recognize these symptoms on her own. It is therefore necessary for the MOMS Project staff to confront the client with recognition of these symptoms. During the course of recovery, the client will begin to recognize and intervene on her own when these symptoms begin to arise.

Please note, the word "confrontation" often has a negative connotation attached to it. This originated during the 50's to 70's when the approach to drug treatment used a highly confrontational technique called the "Synanon" approach. The purpose for this confrontation was to destroy one's ego defenses until the individual was completely vulnerable at which time the rebuilding of ego strength could begin.

Today, the word confrontation is referring to firm but empathic boundary building, limit setting, and re-parenting techniques which have been shown to work much more

effectively with chemically dependent women. Confrontation is the technique of bringing to one's attention that the behavior being demonstrated is dysfunctional and detrimental to the recovery process.

The following is a brief definition of the main defense mechanisms which comprise the disease of chemical dependency:

DENIAL: This is perhaps the most severe symptom of chemical dependency because it works to keep the individual unaware and protective of her addiction. Denial is the life blood of addiction. As long as the individual is in denial, the addiction will survive. As soon as denial is recognized by the individual, the addiction begins to be threatened. Without denial, the addiction can not survive.

Denial is exemplified by an individual denying that any of the problems impacting her life are related to her use of drugs/alcohol. When confronted with these facts, the individual who is in denial might become angry, defensive, or blaming. The individual is likely to see the events of her life in very external ways, i.e., she may feel victimized by life circumstances, as though she has no control over the events in her life. In truth, the individual is not able to connect her chaos and problems with her use of chemicals. With progression of the disease, the problems impacting her life will become more and more out of hand. Problems involving legal issues, parental rights, loss of job and relationship issues is an indication that the disease is in the advanced stages.

Case managers may be the first MOMS staff to experience the client's denial. For this reason, the case managers must feel comfortable and effective in handling this behavior so as not to lose the opportunity to recruit eligible clients.

AVOIDANCE: The tendency for a chemically dependent women to resist treatment techniques. This is to say that when she is confronted on a particular issue, she finds a method to put the focus on something else. By doing so she doesn't have to work on her recovery. Avoidance is a method used frequently by members of dysfunctional family systems. Avoidance techniques may include such behaviors, as anger, crying, laughing, joking (used frequently by these women as a means to avoid), pouting, blaming etc. Avoidance is one of the reasons that chemically dependent women are often dependent and locked into dysfunctional relationships. Avoidance is often shame based, whereby the woman is subconsciously afraid to face her issues. Avoidance will prevent recovery from occurring by protecting the addictive behavior.

MINIMIZATION: This is the tendency for a chemically dependent women to play down her issues. For example, minimizing is frequently noted when a woman may be relapsing. When confronted with her destructive behavior, she may deny the seriousness of her behavior and make excuses for it (i.e., "my boyfriend isn't so bad when he's not drinking. We actually get along pretty well most of the time.") Minimizing will prevent recovery from occurring by protecting the addictive behavior.

RATIONALIZATION: This is the tendency for a chemically dependent women to find logical reasons for her destructive behavior while ignoring the true reasons. For example, a woman may blame her treatment failure on her friends or boyfriend,

blaming that they "made me do it", or to blame the reason why she can't pay her bills on the fact that her check came late. Put another way, rationalization is a form of lying. It keeps the individual from having to deal with real issues and like the other defense mechanisms, will prevent recovery from occurring by protecting the addictive behavior.

FATALISTIC THINKING: This is the tendency for a chemically dependent women to rely on "outside" thinking and believe that she has no control over the events in her life. She cops the attitude that "what ever will be will be" and that she has no control to take charge and change things. Fatalistic thinking is very similar to "magical thinking". When fatalistic thinking is interfering with the client's recovery, it must be confronted. Like the other defense mechanisms, fatalistic thinking will prevent recovery from occurring by protecting the addictive behavior. Available research indicates that chemically dependent individuals often score low on internal locus of control except in the areas of drug use. This indicates that the use of drugs apparently gives the addict a sense of control over events in his/her life. Fatalistic thinking should therefore be monitored in terms of where the client is in her recovery process. Fatalistic thinking may be more common in the initial stages of treatment, but should not be occurring as much in the later stages of treatment.

SUMMARY: Defense mechanisms are used by all of us periodically. During severe trauma, defense mechanisms, serve as a survival technique in that they protect the individual from becoming completely overwhelmed. However, in the case of treatment for chemical dependency, these defense mechanisms work to prevent the recovery process and must be identified and brought to the client's attention. Because she is struggling to remain addicted, even at a subconscious level, she will resist being made to look at her behavior, thus the word confrontation. The therapeutic milieu is created around bringing these defense mechanisms to the forefront and alleviating their need.

RECOVERY: Defined as successful incorporation of effective coping strategies into one's life. The client will demonstrate the ability in several areas of her life to identify and intervene in destructive patterns of behavior, which include the defense mechanisms, 1) denial, 2) avoidance, 3) minimizing, 4) rationalization, and 5) fatalistic thinking. The client's use of these strategies is demonstration that she is actively working a recovery rather than an addictive process of lifestyle. When this is achieved, the client will begin to practice more responsible living skills which include utilizing community resources, developing and maintaining effective support systems, acquiring necessary medical and follow-up care for herself and her children and practicing effective interpersonal and parenting techniques.

RELAPSE: Is defined as the resurfacing of any or all of these defense mechanisms. Actual drug use, is the end stage of relapse (Gorsky). This is to say that by the time the individual actually resumes drug use, her relapse is advanced. The MOMS project staff must be aware of the signs and symptoms of relapse (i.e. the occurrence of the defense mechanisms) and focus the client's recovery process on identifying and alleviating these symptoms. Hopefully this can be achieved prior to drug use. If drug use has already occurred, the recovery process must be focused in directing the client to identify and recognize the behaviors that led up to the incidence of drug re-use.

SELF-HELP MODEL OF RECOVERY:

It is widely documented in the literature that addicted individuals who practice a self-help model of recovery maintain more control over relapse than individuals who do not adhere to this model. The self-help model of recovery supports the multidisciplinary approach to recovery utilized in the MOMS Project. Any individual who is actively working a self-help program is "confronted" regularly by peers regarding the use of these defense mechanisms as a means of continuing the addictive behaviors. These defense mechanisms will be referred to in a self-help program as "stinking thinking". The basic concept of the self-help model, is based on the belief that an individual will realize that the addiction is not something that can be controlled without the assistance of others. By giving up the belief that he/she can control their drug use, the individual will come to understand that there are some things in life that are "too big to handle" by one's self. Learning that we are powerless over some parts of our lives results in humbleness, which puts us in a mind frame to accept help from others. The concept of a "Higher Power" simply means that we have no control over certain happenings in our lives and the only power that we can practice is our faith.

Once an individual begins to truly believe this, he/she is in a position to accept the positive, consistent and sometimes confrontational feedback necessary to help see one's-self for how we are seen by others. The chemical dependency approach to treatment assumes that once we are able to hear this feedback, recovery will naturally follow because denial has been effectively eliminated. Relapse is the process of isolating oneself from the help of others and re-assuming the belief that control over certain behaviors is once again in one's control.

A self-help model can be developed around the specific needs of women. One problem that staff must be aware of is the possible tendency for some chemically dependent women to place too much emphasis on the "Higher Power" concept, thus giving up the initiative to practice self-reliant behavior. This may occur as a result of this population of women being dependent and feeling helpless and worthless. However, this should not be a reason to dismiss this successful recovery approach to treatment. What it does imply, is the entire MOMS Project staff must be aware of this potential problem and be prepared to confront it as with any other self-defeating behavior.

MOMS PROJECT STAFF ROLE:

It is important that every member of the MOMS Project adopt the multidisciplinary recovery approach. When in practice, this will prevent the various departments and divisions from unintentionally interfering with the client's recovery process. If a client is identified as exhibiting one or all of these defense mechanisms, she must be confronted on it immediately by whoever the staff person is at the time. For example, if a client complains about a person or event at the Perinatal Treatment Program to a member of the Outreach Team, Family Support Team, or to the Nurse practitioner, the person hearing the complaint must identify the defense mechanism, give the client feedback as to what type of behavior is being exhibited, and refer the client back to the treatment program. Conversely, if a client expresses to the substance abuse a complaint about case management, medical, etc., the substance abuse treatment staff will refer the client back to the person they have the complaint with. The use of

multidisciplinary issues involving clients. In this way, the clients will learn not to split the staff. The client will also be aided in her recovery process, she will gain respect for the MOMS Project and she will be directed to stay focused on her recovery process -- the reason for her participation in the project in the first place. An additional benefit of tbecome known that the MOMS Project functions around the concept of recovery.