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Title	Professional perspectives on women "doing well" in addiction recovery
Authors	Harnett, Sarah
Publication date	2024
Original Citation	Harnett, S. (2024) Professional perspectives on women "doing well" in addiction recovery. Cork: Community-Academic Research Links, University College Cork.
Type of publication	Report
Link to publisher's version	https://www.ucc.ie/en/scishop/rr/
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Download date	2026-11-07 10:10:51
Item downloaded from	https://hdl.handle.net/10468/16588



UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

“Professional Perspectives on Women “doing well” in addiction recovery”

Sarah Harnett

CARL Research Project
in collaboration with
Coolmine Therapeutic Community

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CARL seeks to:

- provide civil society with knowledge and skills through research and education;
- provide their services on an affordable basis;
- promote and support public access to and influence on science and technology;
- create equitable and supportive partnerships with civil society organisations;
- enhance understanding among policymakers and education and research institutions of the research and education needs of civil society, and
- enhance the transferrable skills and knowledge of students, community representatives and researchers (Living Knowledge Network).

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Harnett (2024) "Professional Perspectives on Women "doing well" in addiction recovery"

, Community-Academic Research Links/University College Cork, Ireland, Available from: https://www.ucc.ie/en/scishop/rr/ [Accessed: date].

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Acknowledgements

I would like to express my sincere gratitude to Coolmine Therapeutic Community for allowing me to collaborate with them on this CARL project. Thank you to all of the participants who agreed to take part in this research. Without your voices and opinions, this research would not have been possible.

I would like to express my sincere gratitude to my tutor Brigette Mintern, whose guidance, expertise, and unwavering support have been invaluable throughout the process of researching and writing this thesis.

To my family and friends, thank you for listening to me and supporting me through this process.

To my classmates on the MSW, whose camaraderie and encouragement have made this academic endeavour both rewarding and enjoyable, I extend my heartfelt thanks.

Declaration of originality

“This is to certify that the work I am submitting is my own and has not been submitted for another degree, either at University College Cork or elsewhere. All external references and sources are clearly acknowledged and identified within the contents. I have read and understood the regulations of University College Cork concerning plagiarism and intellectual property.”

Abstract

This study is a primary research project undertaken alongside Coolmine Therapeutic Community. This project is a (CARL) Community Academic Research Links project at University College Cork. This project aimed to obtain the opinions of Coolmine professionals regarding how to help women "do well" and succeed in recovering from substance addiction. The focus of this research is to understand what resources in recovery enable women to "do well", and opposing this what barriers prevent them from achieving this. Data for this study was collected using semi-structured, one-to-one interviews with the Coolmine staff. Seven Coolmine key workers were interviewed. Following this, the data obtained was examined using a thematic analysis. Predominant themes explored within this research were Motherhood and childcare, Abstinent and Non- Abstinent recovery, Emotional Regulation in Addiction recovery and finding purpose in recovery. Key findings were: the need for women in recovery to have access to childcare provisions, the importance of supporting women with their recovery and the comorbidity of issues they may be experiencing and the importance of community and purpose in "doing well" in recovery. Understanding how to support women through or within substance addiction is necessary.

(The terms substance abuse, substance dependence, and addiction are utilised throughout this research and are synonymous, this is defined in Section 2.3 as "a complex condition in which patterns of use may interfere with a person's life and lead to physical and/or psychological dependence and withdrawal symptoms" (Shegraw et al. 2022. no page).

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Chapter One: Introduction

1.1 Introduction

This chapter seeks to give the reader an understanding of the project's background, research objectives, and the rationale for undertaking this research. This project is a CARL Community Academic Research links project, meaning it was undertaken collaboratively with Coolmine Therapeutic Community, specifically the Midwest service. Coolmine Therapeutic Community is a residential service for women experiencing substance use disorder.

1.2 Research Title

The title of this research is “Professional Perspectives on Women “doing well” in addiction recovery”

1.3 Background to the research

Coolmine Therapeutic Community is a recovery programme for people experiencing substance dependence. It has both men's and women's recovery programmes, this research is based specifically on the women's services. Butler (2016) asserts that Coolmines treatment programme was originally established in Ireland fifty-one years ago: it originated as a voluntary programme in Dublin. Retention rates for treatment were initially low as measures were said to be punitive, “drug using offenders across a range of prison types tended to prefer a prison regime to that of Coolmine” (Butler, 2016, p.199). It originated and continues to be a programme based on abstinence, “It was accepted axiomatically that abstinence from illicit drugs was the only valid goal of treatment”(Butler, 2016, p. 198). However today the service offers a (CRA) Community Reinforcement Approach to recovery. This approach places importance on a person's environment and behavioural change for successful recovery. “In essence, the goal is to rearrange environmental contingencies such that sober behaviour becomes more rewarding than substance abusing behaviour” (Coolmine, 2024, no page). Coolmine at present has two dedicated women's residential programmes Ashleigh House located in Dublin and Westbourne House located in Limerick. Presently “Westbourne House is the second mother and child programme in the country, Coolmine Ashleigh House was the first " (Coolmine, 2024, no page). The services of Coolmine are based on a continuation of care that begins “from outreach, assessment, pre-entry supports, stabilisation programmes, primary treatment through to integration and aftercare services” (Coolmine, 2022, p.17). Although the goal of the therapeutic community model is

abstinence this is the goal that Coolmine employs, it also employs harm reduction methods. “In addition to drug free residential TCs. Today, the services include harm reduction interventions, stabilisation, assertive outreach to homeless and traveller community members, case management and reduce the use programmes”(Harvey, 2023, p.177).

1.4 Research Aims

This project aims to gain insight into how to support women and enable them to “ do well” in addiction recovery from the perspectives of professionals who work alongside them. To gain insight into how professionals understand addiction recovery and the factors that hinder or enable women to “do well”.

For the purpose of this research “Doing well” is individualistic to each person. A woman “doing well” in their treatment may involve different factors including: following their treatment programme, rebuilding or developing family relationships, working with social workers, having access visits or having their children returned to their care, engaging with probation services, or whatever aspect will improve their life.

1.5 Research Questions

The research questions which are the basis of this study are as follows

- What factors enable women to “do well” in addiction recovery?
- How can professionals help women to succeed in their recovery?
- What might be the barriers to a woman “doing well” or succeeding in their recovery?

1.6 The rationale for conducting this research

Up until recent years, research within the field of addiction focused on men and their needs. “Historically, research on substance use disorders (SUDs) has disproportionately focused on males”(McHugh et al., 2018, p.12). Undertaking research with a dedicated female service will contribute to bridging this gap, and help to understand how to support women to succeed on their journey of recovery. Research states that women experience an intersectionality of issues simultaneously with their addiction. Morton et al. (2023) reports this intersectionality to include homelessness, childhood trauma and domestic violence among other issues. As a result of this, some women can benefit from gender-specific recovery programmes.

Personally, as the researcher, I undertook my first Social work placement in Coolmine Therapeutic Community and found the perspectives of the professionals hugely insightful. It broadened my understanding of addiction recovery. Coolmine Therapeutic Community has the only two residential centres

in the country that work with women and allow their children to remain with them during their treatment. As a result of this, the professionals have obtained an understanding of the nuanced needs of women and mothers in recovery.

Moreover, engaging in this research project serves as a significant opportunity for professional development. The Community Academic Research Links (CARL) project will not only enhance my skills as a researcher but will also enable me to develop insights to help support women in addiction recovery in my future practice.

1.7Chapter Outlines

Chapter one

This gives an overview of the background of the Coolmine service, it states the title of the research, the aims of the research and the rationale behind undertaking the research.

Chapter two

This chapter examines the current Drug policies at a national and international level. This chapter explores literature surrounding addiction as a woman's issue, motherhood and substance use, abstinent and non-abstinent recovery and recovery capital and purpose.

Chapter three

This chapter details the methods undertaken in completing the research. This chapter details the theoretical perspectives of the research, it details Community Based Participatory Research, explains the methodology of the research, the research method applied, ethical considerations that were examined before undertaking the research and the reflexivity of the researcher.

Chapter four

This chapter is a thematic analysis of prominent themes that emerged from the interviews with the staff from Coolmine Therapeutic Community. The themes include Motherhood and childcare, abstinence and addiction recovery, emotional regulation and recovery and finding purpose in recovery.

Chapter five

This is the concluding chapter that stated the conclusions from the research and recommendations and implications from the findings. It also contains a reflection of the research process from the researcher.

1.8 Conclusion

To conclude this chapter provided background to the CARL partner Coolmine Therapeutic Community. It stated the Research Title, the Research Aims and Questions, it explained the Rationale for Conducting the Research and gave a brief overview of each chapter in the research.

Chapter two: The Literature review



2.1 Introduction

The aim of this research is to obtain professionals' perspectives on “doing well” in addiction recovery. For the purpose of this research “Doing well” is individualistic to each person. A woman “doing well” in their treatment may involve different factors including: following their treatment programme, rebuilding or developing family relationships, working with social workers, having access visits or having their children returned to their care, engaging with probation services, or whatever aspect will improve their life.

For the purpose of data acquisition for this research. A search of policies and legislation was undertaken as was a search of the Irish statute book, the National Drugs Library and published EU drugs strategies. Sources used within the literature review were obtained from The University College Cork Library, Google Scholar and various treatment recovery resources found through a Google search.

2.2National and International Drug Policies

2.2.1The Reducing Harm Supporting Recovery Policy 2017/ 2025

The reducing harm supporting recovery policy 2017-2025, is the current national policy relating to substance misuse. This policy aims to create "A healthier and safer Ireland, where public health and safety is protected and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health and wellbeing and quality of life" (Reducing Harm supporting recovery, 2017, p.8).

This is being undertaken by improving five categories which are:

"1. Promote and protect health and wellbeing.

2. Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery.

3. Address the harms of drug markets and reduce access to drugs for harmful use.

4. Support participation of individuals, families and communities.

5. Develop sound and comprehensive evidence-informed policies and actions" (Reducing Harm Supporting Recovery, 2017, p.10).

This strategy adopts a health approach to recovery and addiction, as opposed to a criminal approach. This policy is gender neutral as "Of the 50 action points across the five strategic goals, three relate directly to, or specifically name women, while one refers to the LGBTQI community generally" (Morton et al., 2020, p.3).

2.2.3Drug and Alcohol Task Force

Local drug and alcohol task forces were established at a community level to provide support for people experiencing addiction, "Local Drugs Task Forces were established in Ireland following the report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs (1996). There are 14 Local Drug and Alcohol Task Forces" (The Health Research Board, 2024, no page). According to the Department of Health (2017), the role of this task force is to promote evidence-based approaches to problem substance use, evaluate the scope and nature of substance use at a community level, aid community responses, and to take part in national frameworks, the task force allows for interagency action to take place at a local level.

2.2.4 European Policies

At a European level, the policy that is used is the EU drugs strategy 2021-2025. This is the predominant policy document governing Europe's drug policy. This strategy aims to "protect and improve the well-being of society and of the individual, to protect and promote public health, to offer a high level of security and well-being for the general public and to increase health literacy" (The European Drugs Strategy, 2021, p. 2). Within EU policy harm reduction strategies are present including the take home Naloxone programme. This is an initiative aimed at reducing opioid-related deaths across Europe. This program which focuses on distributing naloxone, an opioid antagonist that can rapidly reverse opioid overdose, to individuals at risk of experiencing or witnessing an overdose. "Up to 2022, 16 European countries have reported the implementation of take-home naloxone programmes" (European Monitoring Centre for Drugs and Drug Addiction, 2023, p. 6). Ireland is one of the countries that complies with this.

2.3 Addiction as a women's issue

Problematic substance use "is a complex condition in which patterns of use may interfere with a person's life and lead to physical and/or psychological dependence and withdrawal symptoms" (Shegraw et al. 2022. no page). Problematic substance use is a societal problem affecting all genders and classes. Many women engage in drug taking behaviour in "2021, 26.6 million females aged 18 or older (20.4% of the population) reported using illicit drugs in the past 12 months" (National Institute on Drug Abuse, 2020, no page). A high percentage of women consume substances, however they are not as likely to seek help when needed in comparison to men. "Women are less likely than men to attend drug and alcohol treatment services" (Ivers et al., 2021, no page). In 2022, the National Drug Treatment Reporting System (NDTRS) reported that in Ireland, females accounted for less than thirty percent of the population entering treatment facilities "(27.9%)" (NDTRS, 2022, p. 12). Given the prevalence of drug-related behaviours and deaths, it is important to consider the gendered nature of who avails of treatment services and the barriers preventing women from utilising these services and why specifically fewer women are engaging with treatment programmes. A gendered approach to addiction recovery is beneficial as Andersson et al. (2020) described in research undertaken that women in recovery stated that they had particular needs in recovery relating to relationships and parenthood and their mental health, while men in recovery reported having unmet needs pertaining to their physical health.

Women can experience a comorbidity of issues which can contribute as a barrier to entering treatment and recovery outcomes, "Specific barriers include increased experience of stigma relative to men, financial stressors, lower social support, and higher prevalence of co-occurring mental illness; women who are mothers face additional barriers to entering treatment including fear of losing child custody and lack of access to child care" (Jadovich et al,. 2024, p. 1). These women may require interagency support for the complexity of their issues.

Women were reported to be more likely to experience dual diagnosis with their substance use disorder. Dual diagnosis relates to having a mental health diagnosis while simultaneously experiencing active addiction. This is reported as being a common diagnosis with half of people who are in addiction having a mental health disorder. "Epidemiological studies show that at least 50% of patients with substance use disorders may simultaneously have another comorbid psychopathological disorder, known as a dual diagnosis" (Mancheño-Velasco et al., 2024, p.1). Women are said to report higher instances of dual diagnosis in addiction, "women with substance use disorders are more likely than their male counterparts to have coexisting psychiatric problems, low self-esteem, and extensive histories of traumatic life events, and to experience mood, anxiety, and eating disorders, as well as post-traumatic stress disorder"(Villegas et al., 2016, no page). The differences in how men and women experience addiction and the nuances within the support they require portrays why a gendered approach should be taken in addiction recovery.

2.4 Motherhood and Addiction Recovery

The care burden of parenting children can often be predominantly on the mother, as a result of this mothers in addiction can often face higher expectations and experience more judgement than fathers. The weight of this responsibility is present in both active addiction and recovery. If a woman is in active addiction and child protection concerns are raised mothers are more likely to experience the removal of their children into state care. “Mothers with addiction issues are more likely than fathers to be primary carers therefore they are more likely to experience removal of children and may be at greater risk of these subsequent issues following removal”.(Russel et al., 2022, no page). As reported by Kenny (2018) mothers who experienced the removal of their children into state care had noticeably greater rates of depression, substance abuse, mental health issues, and prescriptions for psychiatric drugs. This reliance on “Punitive approaches can deter people from treatment; for example, state child removal fear is a barrier to women seeking help for alcohol use, and child removal can trigger increased substance usage” (Page et al. 2024, p.2). The fear of losing custody of their children by reaching out for help can deter women from seeking help in comparison to males, “Compared to their male counterparts, mothers with OUD (Opioid Use Disorder) are less likely to initiate treatment on their own due to fears of losing custody of their children and are more likely to enter mandated treatment for child custody reasons after protective services involvement” (Bakos-Block, 2024, no page).

Women can experience stigma and judgement surrounding losing custody of their children and fear of working with child protection social workers. Russel et al (2022) stated that women reported finding the process of a child being taken into state care adversarial and focused on their weaknesses as parents and not on the positives they possess as a parent or the deep relationships they have with their children. This can contribute to reinforcing shame and stigma for a woman and act as a barrier to recovery. A woman's identity as a mother is interlinked with her addiction recovery, often their recovery is not only for them on an individual level but for the benefit of the family unit.“Recovery processes are often in the context of critical but complex family relationships and societal expectations”(Gunn, Samuels. 2020. p. 94). Coolmine Midwest services provide childcare while women are engaging in treatment, this is not standardised across addiction services nationwide. Women may need interagency support for issues they are facing and may require suitable childcare provision to ensure that they can access services. “Women’s disproportionate family responsibilities coupled with a lack of services that respond to their needs as mothers and caregivers magnify the structural barriers they face when seeking treatment” (Ivers et al., 2021. p. 21).

2.5 Generational cycles of addiction

A strong link has been determined between engaging in substance use and experiencing adverse childhood experiences. Adverse childhood experiences are "potentially traumatic events that can have negative lasting effects on health and well-being" (Boullier, Blair, 2018, p.132). It is reported that children who experience trauma in their early years including experiencing a parent in substance addiction can contribute to a higher disposition to engage in problematic substance use, "A link between ACEs and substance misuse was supported for a range of outcomes, from age of initiation, harmful use, disorder, and dependence; as well as across adolescent, adult, male, and female populations" (Grummitt et al., 2022, no page). With this being identified as an issue Coolmine has adopted the PUP (Parents Under Pressure) programme as a tool to aid mothers with parenting. This is a feature of treatment for those in the residential service and also for women in the wider community. It is an education programme to support parents and offer guidance to parents to help break generational cycles. "The PuP program was developed to address multiple domains of family functioning with the goal of reducing child abuse potential by enhancing parental emotional regulation" (Barlowa et al., 2019, p.185). Coolmine (2024) conveys that the programme focuses on emotional regulation as a parent, developing relationships and developing routines among other topics with the aim of strengthening relationships between parents and their children.

2.6 Abstinent and Non-Abstinent Recovery

The recovery programme that Coolmine Therapeutic Community employs places abstinence as the ultimate goal of the treatment. "Peers and staff act as facilitators of change with abstinence and a way forward as the ultimate goal" (Coolmine, 2024, no page). This is a general goal for many treatment programmes including the Minnesota model/12 step models of recovery. "Abstinence-based models of addiction recovery dominated the substance use disorder (SUD) treatment landscape for most of the twentieth century and continue to dominate today" (Eddie et al., 2022, p. 2). Adopting abstinence in addiction recovery has many benefits as it can contribute to stability in a person's life. Research undertaken by Eddie et al. (2022) also found that abstinence was likely to lead to better life functioning and overall well being. Abstinence is reported to contribute to longevity in recovery as it can reduce temptation or risk of relapsing as a person is completely refraining from taking the substance "it is easier to completely give up substances rather than trying to manage or regulate your substance abuse" (Apex recovery, 2022, no page).

2.6.1 Non abstinent recovery

It is crucial to note that even though abstinence is the goal of treatment in many different treatment programmes, the concept of non abstinent recovery has been gaining traction over the past few years. Morton et. al (2016) explains that historically addiction recovery involves complete abstinence from the

problem substances but this idea has expanded to encompass positive changes that people engage in without fully abstaining from the substance. This concept of non-abstinent recovery can be successful for certain people; it is a harm reduction strategy. These “set more flexible goals in line with patient motivation; these differ greatly from person to person, and range from total abstinence to reduced consumption” (Subbaraman, Witbrodt, 2014, no page). For both professionals working in the sector and clients who are in recovery, the concept of recovery is identified as nuanced and multidimensional. What recovery means to a client can be dictated by that client and their hopes and goals for their lives. Witkiewitz et al,. (2021) explains in regards to recovery it can be more helpful to focus on how an individual can function or cope as opposed to whether someone is abstinent.

Within a national context, there are different measures in place including supervised injecting facilities. This is “a clean, safe, healthcare environment where people can inject drugs, obtained elsewhere, under the supervision of trained health professionals. These measures help reduce harm that can come from drug taking behaviours” (HSE, 2023, no page). This along with other harm reduction strategies including the take home Naloxone programme can minimise some of the negative effects of drug use.

2.7 Finding Community and Recovery Capital

The framework of recovery capital originated from Granfield and Cloud (1999) as to how people in addiction achieved sobriety without attending traditional treatment programmes. This framework involves acknowledging and building up forms of external resources and supports that individuals were able to obtain in their daily lives, which can be acquired both during and after their addiction. “Recovery Capital is the extent and quality of resources that can support an individual through the initiation and maintenance of their recovery from alcohol or drug addiction” (Rutland Centre 2020, no page). The Rutland Centre (2020) explains that this includes social networks, housing and an openness to new activities. Having a high recovery capital can help with success in recovery ‘the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery’ (White & Cloud, 2008, p. 22). Coolmine Therapeutic Community employs a Community reinforcement approach to addiction recovery. This approach places importance on both social connections and a person's environment as an aid to a successful recovery “Central to CRA is the belief that the environment or community can play a powerful role in deterring one’s substance use by reinforcing alternate positive behaviour. Community is broadly defined and can include “reinforcers' 'such as family, friends, employment, hobbies and recreational activities” (Canadian Centre on Substance Use and Addiction, 2017, p.1). Chen (2018) reports that a person's ability to access recovery capital can contribute to a successful recovery or lack of recovery capital can contribute to ongoing problematic drug use and criminality. Community and connection is recovery capital and can be a factor that helps people to “do well”. Community can be found in different areas, specific recovery communities including fellowship meetings are identified as a positive outlet and community for those in

addiction recovery as this can provide support and guidance and normalises the difficulties in recovery. “Group connection in AA can function as a higher power. It allows a person in addiction recovery to be accountable for their behaviour, holds space to share thoughts and feelings associated with addiction, and poses a sounding board for navigating life without substances. This group connection is paramount in normalising the experience of living with addiction and promotes spirituality by restructuring attachment, fostering self-acceptance, and providing hope for the future”(Snodgrass et al., 2024. p. 521)

Building recovery capital and creating new communities and connections “By engaging socially, and holding positive beliefs about self, the person is able to form experience-based confidence and self-esteem as a nonuser (Gunn, Samuels, 2020, p. 96).

In building relationships and recovery capital an importance is put on improving communication skills and on substance refusal skills. “Skills training most commonly focuses on communication skills, problem-solving and drink and drug refusal. Communication skills training helps to increase the client’s comfort and confidence with using a positive, assertive and empathic style of communicating with others that is essential to successful social interactions” (Canadian Centre on Substance Use and Addiction. 2017 p.3).

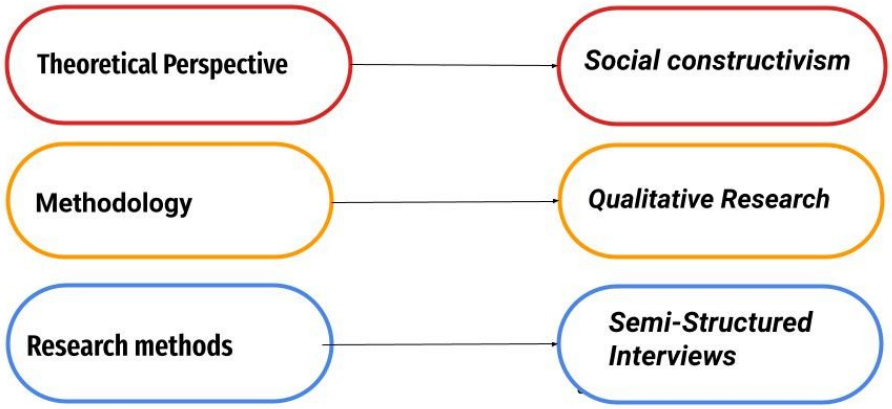
2.7.1Purpose in Recovery

Finding purpose is also said to be critical as recovery capital. Kim et al. (2020) describes that having a sense of purpose can be a deterrent from substance misuse “a higher sense of purpose is associated with protective factors that reduce the likelihood of drug misuse, including: higher ability to handle stress, higher pain tolerance, lower impulsivity, and lower risk of depression and chronic conditions” (Kim et al., 2020, no page). Although motherhood can be a barrier to treatment there are also positives identified with motherhood with many mothers finding identity and purpose in wanting to improve their circumstances for their children. “Despite the challenges with drug use the women faced, there was a strong sense from the narratives that they were actively seeking ways to ‘get recovery’ to improve their circumstances for their children” (Ivers et al., 2021. p. 37).

2.8 Conclusion

By examining current policies and literature a better understanding was gained of how women can “do well” in addiction recovery. Gaining an understanding of current policy and legislation was beneficial to the research. Exploring the concept of women “doing well” in addiction recovery under the topics of substance use as a women's issue, motherhood and recovery, the generational cycles of substance use, abstinent and non abstinent recovery and recovery capital. Examining these topics allowed a greater understanding from the researcher of how women succeed in recovery and what barriers can negatively impact their recovery.

Chapter Three: Methodology



3.1 Introduction

This chapter will explain the epistemology and theories that underpin this research. As this project is a Community Academic Research Links project, this chapter will explain community based participatory research and what is involved within this, the ethical considerations that were undertaken before undertaking the project, and finally the reflexivity of the researcher and how this impacts the research being undertaken.

3.2 Theoretical Perspective

The theoretical perspective utilised for this research was informed by the collaboration between the researcher and Coolmine Therapeutic Community. The research was examined through the lens of social constructivism. Social constructivism states that a person's beliefs and experiences are shaped by their network and their society, “truth, or meaning, comes into existence in and out of our engagement with the realities in our world” (Crotty, 1998, p.8). As addiction and recovery is a human experience having rigid reasons, meanings or interpretations of the data is difficult. In undertaking this study, each professional had constructed their opinions based on their experiences and beliefs, as did the researcher undertaking the project. “Different people may construct meaning in different ways, even in relation to the same phenomenon” (Crotty, 1998, p.9). This relates to the relevance of the social constructivist theory within this

topic as society and culture shape a person's beliefs and understandings: “Social constructivism emphasises the importance of culture and context in understanding what occurs in society and constructing knowledge based on this understanding” (Kim, 2001, p. 2). Furthermore, social constructivism can be used as a lens to examine addiction as those experiencing addiction may be shunned from society further marginalising these vulnerable people, as a result of pre-conceived social constructions. “The socially constructed nature of addiction arbitrarily relegates our fellow citizens to the margins of society”(Calmin, 2018, no page).

3.3 Community Based Participatory Research

This project is a Community Academic Research Links (CARL) initiative project where a community partner collaborates with University College Cork. The aim of the CARL project is for communities and students to collaborate on a piece of research, “CARL’s mission is to provide independent, participatory research support in response to concerns experienced by civil society” (University College Cork, 2023, no page). Community based participatory research (CBPR) involves the researcher and the community partner collaborating with the goal of examining a question or topic that will benefit the organisation. “involves students and/or academic staff collaborating with community partners to address local and/or societal research questions identified by (Civil Society Organisations) CSOs” (Bates and Byrnes, 2012, p. 2). The community partner and researcher undertake the research collaboratively, “CBPR is participatory, the community and academic partners work together to devise a research question, carry out the research, and disseminate the findings” (Springer, 2019, p. 48). Coolmine Therapeutic Community offers support to women experiencing substance misuse. Coolmine offers a residential treatment programme, alongside day programmes and key working support. Coolmine Therapeutic Community “provides a range of quality community and residential services to empower people and their families to overcome addiction and support long term recovery” (Coolmine, 2024, no page). This method of research allows community partners and those with first hand experience and knowledge of this topic to enhance the research with their professional insights, “CBPR represents an overall orientation that promotes power-sharing and equal governance in community-academic partnerships” (Wallerstein, 2021, no page). From this research, it can be seen that having the opinions of the professionals provided depth and alternative angles to this research.

3.4 Methodology

Qualitative research can be applied to this work. In collaboration with the community partner, it was decided that obtaining the views of professionals would enable a successful research piece. As the views of the key workers were examined through semi-structured interviews: qualitative research facilitated the interpretation of the opinions given. “The purpose of qualitative research is to seek a contextualised understanding of

phenomena, explain behaviours and beliefs, identify processes and understand the context of people's experiences" (Hennink et al., 2020, p.17). A fundamental factor of qualitative research is that people's individual experiences, learning, and views serve as a foundation of the research the data is not rigid, "qualitative research is characterised by flexibility, openness and responsivity to context" (Busetto et al, 2020, no page). Data was collected through one-on-one interviews which comprised of seven open-ended questions.

This research was examined through a feminist lens as this research focuses on women's experiences in recovery. As Coolmine Residential Centre in the Midwest is a women's treatment centre it is women's experience with substance addiction recovery and the challenges that women can face within their addiction that were examined. Historically Irish policy has focused on men's experience of recovery. "Ireland has a history of drug intervention and drug policy that has not always considered women's substance use initiation, trajectories or intervention" (Morton, et al., 2023, p. 5). A feminist lens is necessary in this context as Morton et al. (2023) expresses that women who are engaging in problematic substance use often experience an intersectionality of issues that include intimate partner violence, homelessness, engaging in sex work and motherhood. Women in recovery from substance dependency require support with broader issues alongside their substance use.

3.5 Research Methods

Semi-structured interviews facilitated the research process which helped achieve the goals of the study. As interviews were the most convenient method of primary data collection while also effective, "interviews remain a cheap, convenient, uncomplicated yet highly effective means by which to collect an extensive and usually rich amount of data within a reasonable period of time" (Carey, 2017, p. 112). Although focus groups were considered as a method to facilitate the collection of data for the research. Interviews were used as they were thought to elicit a better response, as semi-structured interviews allowed for their opinions to be explored in an in-depth manner, "individual interviews produce more detail than focus groups, and offer more insight into a respondent's personal thoughts, feelings, and world view" (Guest et al., 2017, p. 694). The goal of the interviews was to obtain the view of the professional through open questions. "These interviews involve unstructured and generally open-ended questions that are few in number and intended to elicit views and opinions from the participant" (Creswell, 2003, p.188). The input of the professionals greatly enhanced the depth and richness of this work.

The participants in this study are Coolmine key workers. Participants were recruited through an email to the staff of Coolmine, this email was circulated by the community liaison partner. This email explained the premise of the research, along with an invitation to participate in the research. My email address was attached. Inclusion criteria for key workers were that they are working in Coolmine, that they have supported clients through their treatment and are willing to participate. If more key workers agreed to

partake in the study than required (6-8 participants were required) those working in Coolmine longer than a year would be chosen to participate.

I conducted interviews with seven Coolmine key workers to understand their perception of what "doing well" in recovery resembles. The participants work in the day programme and the residential service. Having seven participants allowed the research to have many different perspectives from professionals while allowing the research to remain within the word count. Initially, it was planned to undertake all of the interviews at Coolmine Therapeutic Communities day centre, Mahon house and to conduct one in the residential unit Westbourne. Both buildings contain private offices which the community liaison person chose to be appropriate to conduct the research. As interviews were undertaken on site participants did not need to arrange transport. Due to scheduling difficulties, I conducted three interviews on Microsoft Teams. Participants worked across the day service and the residential services, for varying periods of time. Six of the participants were female and one was male, all participants were white.

3.6 Ethical Considerations

It is critical that research that is undertaken is ethically sound. Prior to commencing the research ethical approval had to be obtained from University College Cork to ensure that the research being undertaken is ethically sound. Initially, the aim of the research was to interview the Coolmine Key workers and TUSLA Social workers to examine this topic from the lens of a social worker. However, it was not possible to interview TUSLA social workers as I would not obtain ethical clearance in the timeframe I had to complete the dissertation. I found this disappointing initially however I think this research will remain valid.

I interviewed staff from Coolmine who agreed to take part in this research and could withdraw consent at any point by asking, making my data collection method ethically viable. The UCC social work handbook (2023) states that research should not cause psychological harm to the participant. I brought consent forms that the participants signed when they consented. I also composed a page on what this research is and hopes to achieve. Participants were given this prior to taking part in the interview to ensure they were adequately informed on the basis of the research.

An ethical issue that was considered before undertaking this research was that all of the participants are at present employed by Coolmine Therapeutic Community. This could have had adverse outcomes as it may have impacted how they engaged with the interview questions. This was addressed by explaining to the participants that their opinions are anonymised.

Other ethical considerations that had to be undertaken is that as my CARL liaison person is the manager of the Midwest service and, therefore professionally is the manager of the participants, it was important that the key workers did not feel pressured to participate in the research. To alleviate this participants were recruited through an email that was forwarded to the Coolmine staff through my liaison person. In the email, it stated the premise of the research and highlighted that participation is voluntary.

3.7 Reflexivity as a Researcher

As a researcher, it is important to acknowledge reflexivity and conscious and unconscious biases that I have acquired through my academic personal and professional life. This must be acknowledged to minimise the impact it has on this piece of research. I completed my first placement on the Masters of Social Work programme at Coolmines Residential Centre. My learning from placement shaped my opinions and also provided me with an in-depth knowledge of the service. My professional beliefs and values have shaped the learning I have accumulated through the Masters of Social Work programme. I kept a research journal throughout this process to allow myself to reflect on the experiences. Being a part of the Masters of Social Work programme impacts my opinions and how I view recovery and understand it from the perspective of a social work student. I believe that my values as a social worker of working in a way that is respectful and fair will translate to this piece of research.

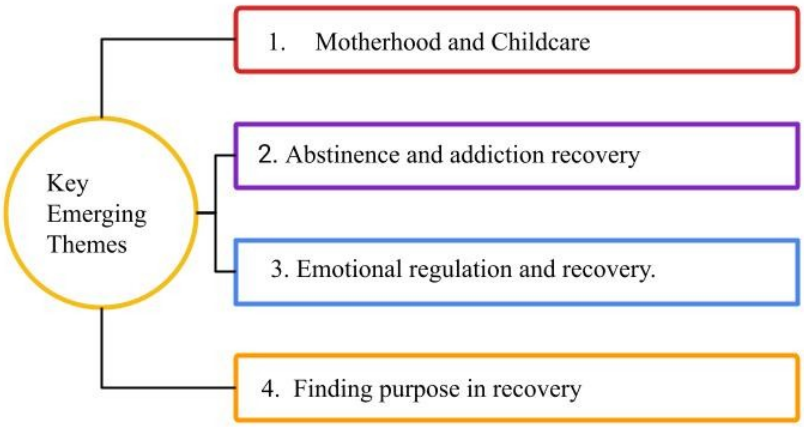
3.8 Conclusion

This chapter explained the methods applied to this research. It explained the theoretical and epistemological approach, and following this it examined what was involved in completing a Community Based Participatory Research project. The method of data collection and how the research participants were chosen was discussed alongside the ethical considerations made prior to undertaking the research. Finally, the reflexivity of the researcher was also examined.

Chapter Four: Thematic Analysis

4.1 Introduction

To assess the opinions of professionals, Data was obtained through seven semi structured interviews. The interviews were transcribed, and a thematic analysis was conducted on the transcripts. The predominant themes that emerged from these interviews were:



The themes were chosen to reflect and attempt to answer the initial research premise which was professionals' perspectives on how to support women to "do well" in addiction recovery. For the purpose of this research "Doing well" in this context can be individualistic to each person. A woman "doing well" in their treatment may involve different factors including: being abstinent, following their treatment programme, rebuilding or developing family relationships, working with social workers, having access visits or having their children returned to their care, engaging with probation services, or whatever aspect will improve their life.

Three interviews took place in Mahon House the day service located in Limerick city, one interview took place in Westbourne House Coolmine residential centre in Limerick city and four took place on Microsoft teams.

Throughout this chapter, the key themes that were identified will be explored in order to attempt to answer the research question.

4.2 Motherhood and Childcare

Coolmine services in the Midwest are exclusively female, hence motherhood, and childcare were highlighted in the majority of the interviews conducted with the gender-specific service with regards to what women need support to do well in addiction recovery. The availability of childcare for children was commonly recognized as a hindrance to "doing well" in recovery. The issue of childcare was highlighted across all stages of recovery, from accessing treatment programmes through to when treatment is completed. Although Coolmine Services provides childcare on-site for women. They may require different services to help them with an intersectionality of issues that exist alongside their substance use but may not have access to the childcare provisions to access them.

"*Some women might be linked in with an addiction service and a service for domestic violence and they might need counselling. There might be multiple agencies involved but only one service that can provide child care". Participant 5*

4.2.1Motherhood and shame

Mothers in addiction can often experience significant shame for what has happened while in active addiction. This can contribute to poor self-esteem which in turn can have adverse effects on their recovery. Morton et al. (2023) found in their research that women can sometimes prolong their use of substances to avoid the guilt or shame that would arise once they stopped using the substances. This can be a cycle that women experience in wanting to stop drug use but not wanting to feel the negative emotions and shame that can arise.

"So if they have kids for example, that they feel like they're a shit parent because they're in addiction, because that makes them feel bad about themselves and there's a lack of motivation to help themselves get out of it. So I think self esteem is one big barrier" Participant 5

Other professionals who work adjacent to the women can sometimes unintentionally reinforce this shame which can have adverse effects on a woman's journey through their recovery. This shame and fear can hinder how a woman interacts with a service or how they reach out for help as they fear the repercussions from child protection social workers. "Women also spoke about accessing service for specific needs and often feared bringing up wider issues due to concern about the response from service providers and/or child protection and welfare issues" (Morton 2023, p.12). The loss of hope around care orders and how to proceed can keep women in the cycle of recovery. The gendered aspect of recovery and expectation of mothers is prominent within this as men may not experience this level of judgement in addiction, "Large numbers of

men enter substance use disorder treatment each year, yet very little attention is paid to the fatherhood and parenting status of these men" (Stover et al., 2018, no page). Furthermore, as mothers in addiction are more likely to be primary caregivers than men in addiction mothers are more likely to experience a child being removed from their care. This reinforces the gendered nature and experience of addiction and recovery ."Mothers with addiction issues are more likely than fathers to be primary carers therefore they are more likely to experience removal of children and may be at greater risk of these subsequent issues following removal" (Russel et al., 2022, no page). Within this, the overall responsibility of care is on the mother. Mothers experiencing shame and stigma were identified throughout the interviews with professionals as was fear. This manifested itself in women not wanting to ask for help as there was fear of having children removed into the care of the state. This can deter women from reaching out for help.

"Children in care. That whole system can sometimes keep a woman using in that I suppose trying to see pathways to reunification or how to navigate 18 year care orders can sometimes be a block". Participant 1

"Maybe they're afraid that children are going to care to come in here and they say, okay, if I tell somebody here what I am doing, I'm not going to get the support". Participant 2

"no judgement, and that's the biggest one because they're full of fear. The girls that I work with are full of fear". Participant 6

4.2.2 Generational cycles of addiction

Some professionals spoke of women growing up in generational cycles of addiction and trauma which can influence a mother's ability to parent. The pressure of raising children is sometimes placed on mothers who may have been parented in a similar manner, by parents in addiction. Although not guaranteed, it is reported that children who grow up in households with addiction have a higher chance of misusing substances, "children whose parents are dealing with substance use disorders (SUDs) are four times more likely than other children to develop addiction" (Sparks, Tisch, 2018, no page). Women who have had Adverse Childhood Experiences have a higher probability of experiencing addiction "Female adults had a 5.9-fold higher likelihood of developing an alcohol use disorder. Emotional neglect, sexual abuse and physical abuse were the strongest individual ACE predictors for this association" (Broekhof et al., 2023, p.1). This was found to affect both men and women throughout their lives, "A link between ACEs and substance misuse was supported for a range of outcomes, from age of initiation, harmful use, disorder, and dependence; as well as across adolescent, adult, male, and female populations" (Grummitt et al., 2022, no page).

"Its resources that they never had that they weren't shown in childhood" Participant 3.

In addition to this participants spoke of clients they worked with who may have been engaging in substance misuse for significant periods of their life. During this time they may have started families and raised children under the influence and as a result of this require a lot of support in readjusting to sobriety.

"I have clients who got married and had kids under the influence, you know, so now 15, 16 years later when they are in recovery they are looking at their relationships and being a parent for the first time, with a sober mind". Participant 5

4.3 Abstinent and Non Abstinent Recovery

As both addiction and recovery are subjective, when the question of whether abstinence is necessary for recovery was posed to the professionals the responses varied, as this was based on the experience, beliefs and values of professionals. Professionally as Coolmine workers abstinence is the goal for the clients as Coolmine is a behavioural change programme in which abstinence is the target. "Peers and staff act as facilitators of change with abstinence and a way forward as the ultimate goal" (Coolmine, 2024, no page).

A prominent theme that emerged from the interviews was the individuality of recovery and how clients interpret that differently. As recovery meant different things to different clients, abstinence was not necessarily the goal. The role of the key worker is to work alongside the client and their long-term goals.

"So recovery is different for everybody. I think for me, how I define recovery would be probably a better quality of life. And that can be different for every woman". Participant 2

4.3.1Abstinent recovery

Some practitioners believed that continuing to engage in substance use can prevent women from understanding who they are and inhibit their ability to engage in self-development and work through their addictions and traumas.

"Abstinence is required for them to be able to improve on themselves. So if you don't have abstinence, then they're essentially not able to feel emotions. And if they are not able to feel emotions. Then they can't work on themselves". Participant 5

Other participants reinforced this by stating that it is easier to fall back into cycles of addictions when using any substances as inhibitions are lowered making it easier to return to initial use. Refraining from taking

substances may make it easier than someone limiting their substance intake, “it is easier to completely give up substances rather than trying to manage or regulate your substance abuse” (Apex Recovery, 2022, no page).

Both the behavioural change model and the 12-step model of recovery believe abstinence should be the ultimate goal. “If we do not embrace complete abstinence from drugs and alcohol, our lives will continue to be unmanageable and we will continue to face consequences”(Oceanfront Recovery, 2018, no page).

“I know that some people come in with their poly users. You know, and then some people would have one type of drink problem. They might have a drug problem, or vice versa, I suppose. One can always lead to the other and that's my experience. So if a person has a drug problem, and if they're having a few drinks on the weekend, their inhibitions can be lowered. And that could lead him to pick up the substance”. Participant 7

4.3.2 Non-abstinent recovery

Opposing this other professionals believed that the use of methadone or other prescription medications to alleviate symptoms and allowed people a better quality of life. An example of this is if clients are poly users and reduce their intake so that a more productive life can be experienced. This would be a harm reduction approach “Harm reduction” strategies, … set more flexible goals in line with patient motivation; these differ greatly from person to person, and range from total abstinence to reduced consumption and reduced alcohol-related problems without changes in actual use” (Subbaraman, Witbrodt, 2014, no page).

“*I've seen women who have gone from using multiple substances to two or three, who may now be in their own home, and still using. And definitely would have seen that in my previous role that women would have gone from a being really unstable being street homeless, using multiple substances to supported accommodation”. Participant 1*

4.3.3 Slips in recovery

Throughout all interviews, clients experiencing “slips” were acknowledged as a normal part of recovery. A slip “is a situation where someone has a very brief “slip” where they drink or use, but they stop quickly afterward, avoiding a full relapse into addiction.” (The Recovery Village, 2022, no page). A theme that emerged from speaking to the professionals is that how people react once they slip will help influence their journey going forward. The longevity of the recovery journey is something that surpasses treatment and is a lifelong process.

"the difference is, when somebody does like I said slip it's all down to their ability to get back to abstinence as quickly as possible. There is going to be and there always is slips on their journey and its how they respond to that slip is what makes the difference between whether or not whether you're going to fall back into relapse" Participant 5

4.4 Emotional Regulation and Recovery

Many of the professionals spoke about learning to emotionally regulate as being a critical skill to allow women to succeed in their recovery. Emotional regulation relates to how people express emotions and feelings. "An individual can regulate emotions at multiple points, including the situations that they seek or avoid, how they think about their experience and how they express their feelings" (Stellern et al., 2023, no page). From the interview process being able to emotionally regulate and communicate effectively was noted as women being able to "do well" in their recovery.

One professional noted that clients can have difficulties recognising and naming feelings when they first begin their treatment journey. Some women find it overwhelming having to experience different life events without a substance to rely on.

"I mean, because some women come in and they can't identify feelings, you know, they have life events they find so overwhelming you know, like a life event to them could be something that would be considered okay to the average person I suppose. Like that it's like helping them to emotionally regulate in that and I suppose looking at the bigger picture of it you know".

Participant 7

Alongside this, learning to endure and experience difficult emotions without relying on substances as they may have done while in their addiction, is a skill that has to be acquired. Having good communication skills is also explained to be fundamental for emotional regulation. Struggling to regulate emotionally can contribute to continued substance use and relapse. "Lack of emotion regulation strategies is thought to be a key feature of alcohol dependence and the main reason for alcohol use" (Ottonello et al,. 2019, p. 2921). Being able to regulate emotions will also help in refraining from making impulsive decisions.

"their able to emotionally regulate themselves when faced with stressors, life. I think that the big one is communication skills, the communication skills that they learn that they're able to regulate their emotions.

But then be able to have productive conversations with a loved one or a family member and not result back to old behaviours of being impulsive. So when they learn to not be impulsive and slow things down. And take their time and think about how they want to respond. To me. That's huge, huge progress". Participant 5

4.5 Finding Purpose in Recovery

From the data collected through the interviews, the concept of clients finding purpose in their recovery is fundamental to them "doing well". A client needs to fill the space that addiction leaves when they are no longer misusing substances. Many of their life factors will be changed in their recovery: their routine, their social circles and how they spend their time, will be different. One professional explained that addiction is void of purpose and for a successful recovery it is essential that this void is filled.

"I think because addiction is purposeless you know, its existing, and when it comes to recovery then, I suppose it's time to swap, swap out you know like to fill that because there is a void when you come into recovery and it's like "okay what am I going to fill that with" participant 7

One participant spoke of the importance of not only finding purpose in recovery but also finding things that are enjoyable will lead to longevity in recovery. Meeting new people and having new goals can positively contribute to a successful recovery, this can be in sporting activities or in 12 step meetings for those also experiencing addiction recovery. 12 Step meetings are said to have great benefits in creating a community and connection for those in early recovery, "this group connection is paramount in normalising the experience of living with addiction and promotes spirituality by restructuring attachment, fostering self-acceptance, and providing hope for the future"(Snodgrass et al., 2024. p. 521).

"connection back into something that you've enjoyment in as well you know. You can get all the tools to get well and what should work but I mean if you're not getting enjoyment from your recovery if you don't feel connected to something that if you don't feel like yourself and for you when that speaks to you outside of your addiction and you're doing something other than you know whether thats the GAA or the gym or art or you know, something that feels you and something that kind of gives you motivation, and gets you up and gets you moving and then the other things that support that in between" Participant 1

One research participant stated that purpose may not keep a person sober. However, adding more to a person's life and putting more recovery capital in place might remove the lore that the substance has over the person's life. The substance use may not return to previous levels and might help people move away from using, adding purpose to a person's life may help them cope with stressors without the substance. "Evidence suggests that a higher sense of purpose in life buffers against stress through enhanced emotion regulation"

(Kim et al., 2020, no page).

"But I think in reality, sometimes, you know, it might be for a short time, (periods of abstinence) or it might be for a long time and then somebody may go back but they won't have the same sense of. Or maybe they won't have the same draw to it because they have a lot of other things going on in their lives. I think addiction can fill a void, and sometimes if somebody's not happy, they will always go back to, they revert back to that. But if somebody has enough other things going on in their lives, it may not be, it may not create such a hold on them". Participant 4

Other professionals spoke of women finding purpose and inspiration from those around them and helping them on their recovery journey. Finding purpose and meaning in wanting to help people.

"You know, like, there's a lot of giving back, you know, like a lot of people come into recovery and they're like, "Oh, yeah. When I get out I want to be a counsellor, I want to be a project worker, I want to give back". And that soothes them and that helps them as well. I think the finding meaning in their lives is a massive one; it fills that void for them". Participant 7

4.6 Purpose and Motherhood

The professionals spoke of motherhood as a barrier to recovery however for some women their children can be a source of purpose and can provide a different identity for the women where they can rebuild relationships with their families and can give them a sense of purpose. For mothers, the concern for the well-being of the fetus/child and the desire to provide care for the children and maintain or recover child custody serves as a major motivation to seek treatment and maintain abstinence from substances" (Villegas et al., 2016, no page). Professionals also spoke of mothers regaining custody of their children and their life being turned around.

"They find meaning in their suffering. They can kind of propel forward and they get excited and you know, they have that good feeling you know, like even mothers building that connection with their kids, I can see the life in their eyes and, you know, they feel like you know, that's that's them doing well". Participant 7

"I have seen women with children recover. I have seen women with children who were taken into care get your kids back, have even seen a couple of women whose children were 18 year care order. I've seen them turn their lives around and actually get the kid back. I have actually seen that so it's possible". Participant 3

4.7 Conclusion

To conclude this chapter discussed themes that emerged from the interviews undertaken with the Coolmine Therapeutic Community staff. The prominent themes that were gathered from the data were:

- Motherhood and childcare,
- abstinence and addiction recovery,
- emotional regulation and recovery
- finding purpose within recovery.

The aim of examining this data was to attempt to obtain professional's views on how women “do well” in recovery.

Chapter Five: Conclusion

5.1 Introduction

The initial aim of this project was identified in the introductory chapter as obtaining insights from professionals on how to support women and enable them to " do well" in addiction recovery. This was done to gain an awareness of how professionals understand addiction recovery and the factors that hinder or enable women to "do well". This chapter will discuss the conclusions based on the data obtained within this project. This chapter will explore the issues identified from the research, what is working well in the research, the next steps and the recommendations going forward.

5.2 The gaps and the issues identified from the Research

5.2.1Barriers for Women to "Do Well" in Recovery

The research questions asked the participants what they felt was a barrier that prevented women from "doing well" in addiction recovery. A significant barrier for women "doing well" in addiction recovery was surrounding access to suitable childcare provisions. It was identified that women require the provision of suitable childcare in order for them to access necessary services, as professionals stated that women may need interagency support and having accessible childcare provisions would alleviate some practical stress.

Other barriers that were identified by the research participants were related to women and mothers experiencing significant shame and stigma, it was explained that this deterred women from reaching out and seeking help.

5.2.2 Factors that can Enable Women to "Do Well" in Recovery

Recovery is personal and factors that allow women to do well are individualistic. The professionals identified factors that enable women to do well are:

- As a professional being able to provide support and encouragement to women during their recovery particularly surrounding "slips".
- Being able to support women in broadening their social support circles through different programme.

- Help women to further develop their communication skills and their emotional regulation abilities, as this can contribute to positive relationshis.
- Helping women to find purpose in their lives, in education or a job or in motherhood.

Although the Therapeutic Community model is an abstinence based model. Some of the interviews differed in opinions on whether abstinence was necessary for recovery, if abstinence was not what the person wanted the professionals identified that engaging in harm reduction strategies could contribute positively to women "doing well".

5.3 What Works Well

According to the research resources that allows women in recovery to "do well" were identified. Coolmine Therapeutic Community having free and accessible childcare for women who use the service was identified as a positive by the staff as it allows the women to participate in the programme.

The differences between men and women in addiction recovery and gender-specific treatment programmes being beneficial were highlighted. As women experience an intersectionality of Coolmine As Coolmine is a gender-specific service the need for Parents under pressure to help women develop relationships with their children and learn emotional regulation skills in parenting. Supporting women to learn how to emotionally regulate without substances was identified as a key factor in supporting women's success in recovery.

5.4 Recommendations going forward

5.4.1 Research recommendations

As this research focused on Coolmines Midwest services a more comprehensive review of the other services or a multidisciplinary research on how to support women doing well in recovery

Possibly having this topic further researched by conducting similar research with clients who have completed the recovery programme in Coolmine, as it is crucial to hear the voices of those who utilise the service. Or alternatively undertake research with the other agencies that the women may be involved with such as domestic violence services, probation services or homeless services that also support women to gain insights on how they help women to "do well". As women in addiction recovery have complex needs research needs to be continuously undertaken to ensure their needs are being met.

5.4.2 Policy Implications

At the policy level, allocating more resources to harm reduction services and services supporting women in parenting could be beneficial. This includes investing in early interventions to provide support to mothers with the aim of minimising the risk of crisis or of the need of child protection social workers to be involved.

Furthermore, continuing to invest in, and train Parent Under Pressure practitioners can be of benefit as it provides women with knowledge which can be advantageous to them as parents. By implementing these recommendations, we can better support women in achieving and maintaining recovery success.

5.5 Research Implications

The outcomes of this study will be shared at the UCC Masters of Social Work conference and following that this research paper will be published on the CARL website. Additional strategies for disseminating the research will be explored with the community partner Coolmine Therapeutic Community.

5.6 Reflection on the research

Undertaking this research project was hugely beneficial in going forward as a newly qualified Social Worker. I thoroughly enjoyed undertaking this research and I feel it expanded my knowledge on addiction recovery and the service that Coolmine Therapeutic community provides. Previously I undertook my Social Work placement in Coolmine, during this time I learned about the service and the support that they provide. This placement sparked my interest in learning about women's experiences in addiction. I am very grateful that I had the opportunity to develop this further in undertaking this project. I enjoyed the research process, from the beginning of developing the initial aims to a completed study and I learned a lot from undertaking this.

Initially, during the process of getting ethical approval, I was given guidance that my research questions were too broad and to focus them. I was unsure of this initially however, in doing the research I was grateful for this as the project is relatively small and focusing on one topic made the research outputs more cohesive.

This project enabled me to developed my research capabilities. Conducting and planning the interviews with the participants developed my confidence. I had met some of the participants on my previous placement in Coolmine, all participants were open in their answers to the research and I found their different perspectives on the questions added depth and richness to the findings. The participants were very knowledgeable and respectful when speaking about addiction and recovery and this project got to shine a light on the great work that they do.

If I were to undertake this project again or further develop this research piece I would like to research the other agencies that help women with the intersectionality of issues they face to examine how they support women to “do well”.

5.7 Conclusion

This chapter concluded the research with reference to the research aims and questions outlined in the introduction. Following this it noted the gaps identified from the research, and what is working well within the service according to the research data. This chapter also detailed the policy implications and the research implications and concluded with a reflection on the research process from the researcher.

Bibliography

Andersson, C, Wincup E, Best D, Irving J. (2020). Gender and recovery pathways in the UK. Drugs: Education, Prevention and Policy https://doi.org/10.1080/09687637.2020.1852180

Apex recovery (2022) The Importance of Abstinence in Addiction Treatment. DOI:https://apex.rehab/the-importance-of-abstinence-in-addiction-treatment/

Bakos-Block, C., Yatsco, A., Cohen, A. S., Vega, F., & Champagne-Langabeer, T. (2024). "My addiction Doesn't define Me"—Experiences of stigma among mothers with opioid use disorder. Pharmacoepidemiology, 3(1), 57-68. https://doi.org/10.3390/pharma3010004

Barlowa J, Sembib S, Parsonsc H,Kimd S, Petroud S, Harnette P, Dawef S (2019). A randomized controlled trial and economic evaluation of the Parents Under Pressure program for parents in substance abuse treatment. *Drug and Alcohol Dependence* DOI:https://pupprogram.net.au/media/3ifbzllx/barlow-et-al-2019-dad.pdf

Bates, C., & Burns, K. (2012). Community-engaged student research: Online resources, real world impact. In A. Marcus-Quinn, C. Bruen, M. Allen, A. Dundon & Y. Diggins (Eds.), (). Cambridge Scholars Publishing.

Boullier M, Blair M, (2018) Adverse childhood experiences, *Paediatrics and Child Health, Volume 28, Issue 3* DOI:https://doi.org/10.1016/j.paed.2017.12.008.

Broekhof, Nordahl, Tanum, Selvik (2023). Adverse childhood experiences and their association with substance use disorders in adulthood: A general population study. Addict Behav Rep. doi. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10106480/#:~:text=Results,ACE%20predictors%20for%20this%20association.

Busetto L, Wick W, Gumbinger C. (2020). How to use and assess qualitative research methods, Neurological Research Practice. Volume 2, article number 14, DOI:https://link.springer.com/article/10.1186/s42466-020-00059-z

Butler, S. (2016). Coolmine therapeutic community, dublin: A 40-year history of ireland's first voluntary drug treatment service: Coolmine therapeutic community. Addiction (Abingdon, England), 111(2), 197-203. https://doi.org/10.1111/add.13157

Camlin, T. (2021) Social Constructionism and the Roots of Addiction. Practical Recovery

Canadian Centre on substance use and addiction. (2017). The Essentials of … Series Community Reinforcement Approach. DOI:https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Community-Reinforcement-Approach-Summary-2017-en.pdf

Carey, M. (2017;2012;). Qualitative research skills for social work: Theory and practice (1st ed.). Routledge. https://doi.org/10.4324/9781315245546

Chen, G. (2018). Building recovery capital: The role of "hitting bottom" in desistance and recovery from substance abuse and crime. Journal of Psychoactive Drugs, 50(5), 420-429. https://doi.org/10.1080/02791072.2018.1517909

Coolmine (2022) Annual report 2022 DOI:https://www.coolmine.ie/wp-content/uploads/2023/12/2022-Annual-Report.pdf

Coolmine (2024) Community Reinforcement Approach. DOI:https://www.coolmine.ie/community-reinforcement-approach/

Coolmine (2024) Parents under Pressure. https://www.coolmine.ie/parents-under-pressure/

Council of the European Union. (2020) EU drugs strategy 2021-2025. Brussels: Council of the European Union. https://www.drugsandalcohol.ie/33750/1/EU_Drug_Strategy_2021-2025.pdf

Creswell, J. W. (2003). Research design: Qualitative, quantitative, and mixed method approaches (Second ed.). SAGE.

Crotty, M. (1998). The foundations of social research: Meaning and perspective in the research process. Sage Publications

Eddie, D., Bergman, B. G., Hoffman, L. A., & Kelly, J. F. (2022). Abstinence versus moderation recovery pathways following resolution of a substance use problem: Prevalence, predictors, and relationship to

psychosocial well-being in a U.S. national sample. Alcoholism, Clinical and Experimental Research, 46(2), 312-325. https://doi.org/10.1111/acer.14765

European Monitoring Centre for Drugs and Drug Addiction 2023 Harm reduction – the current situation in Europe (European Drug Report 2023) DOI:https://www.emcdda.europa.eu/sites/default/files/pdf/31084_en.pdf?576262

Granfield, R., & Cloud, W. (1999). Coming Clean: Overcoming Addiction without Treatment. New York, NY: New York University Press https://nida.nih.gov/download/19238/substance-use-in-women-drugfacts.pdf?v=8e3444077b0c0e237d1413403790818a

Grummitt L, Barrett E, Kelly E, Newton N. An Umbrella Review of the Links Between Adverse Childhood Experiences and Substance Misuse: What, Why, and Where Do We Go from Here?. Subst Abuse Rehabil. 2022;13:83-100https://doi.org/10.2147/SAR.S341818

Guest, G. Namey, E. Taylor, J. Eley, N. & McKenna, K. (2017) Comparing focus groups and individual interviews: findings from a randomised study, International Journal of Social Research Methodology, 20:6, 693-708, DOI: 10.1080/13645579.2017.1281601

Gunn, A., & Samuels, M. (2020). Promoting recovery identities among mothers with histories of addiction: Strategies of family engagement. Family Process, 59(1), 94-110. DOI:https://doi.org/10.1111/famp.12413

Harvey C, (2023). The therapeutic community research and practice DOI:https://books.google.ie/books?hl=en&lr=&id=fH-HEAAAQBAJ&oi=fnd&pg=PP1&dq=coolmine+therapeutic+community&ots=TWEYRf-125&sig=8CWxtaE9tLS9AHyuP8JePjjAL1A&redir_esc=y#v=onepage&q=coolmine%20therapeutic%20community&f=false

Hennick M, Hutter I, Bailey A (2020). Qualitative Research Methods. Sage Publications

HSE. (2023) Supervised Injecting Facilities, National Social Inclusion Office. DOI:https://www.hse.ie/eng/about/who/primarycare/socialinclusion/addiction/supervised-injecting-centre/

Ivers J, Giulini F, Paul G. (2021). Supporting Women to Access Appropriate Treatment (SWAAT). Trininty College Dublin. DOI:https://www.drugsandalcohol.ie/34462/1/BLDATF_TDATF_SWAAT_Research_2021.pdf

Jadovich, E., Viera, A., Edelman, E. J., Legge Muilenburg, J., & Kershaw, T. (2024). “Recovery is about change, so you have to change everything”: Exploring the evolution of recovery capitalamong women in

substance use disorder treatment. SSM. Qualitative Research in Health, 5https://doi.org/10.1016/j.ssmqr.2024.100422

Kenny KS. (2018). Mental Health Harm to Mothers When a Child Is Taken by Child Protective Services: *Health Equity Considerations. Can J Psychiatry.* May;63(5):304-307. DOI: 10.1177/0706743717748885. Epub 2017 Dec 19. PMID: 29258344; PMCID: PMC5912303.

Kim, Ryff , Hassett , Brummett , Yeh , Strecher. (2020). Sense of Purpose in Life and Likelihood of Future Illicit Drug Use or Prescription Medication Misuse. Psychosom Med. doi: 10.1097/PSY.0000000000000842. PMID: 32697442; PMCID: PMC7484217

Mancheño-Velasco, C., Narváez-Camargo, M., Dacosta-Sánchez, D., Sánchez-García, M., & Lozano, Ó. M. (2024). Examining profiles and treatment outcomes in dual diagnosis: Comparison of coordinated treatment with mental health services versus addiction center alone: A real-world data analysis. *Journal of Dual Diagnosis*, , 1-13. DOI:https://doi.org/10.1080/15504263.2024.2323976

McHugh K, Votaw V, Sugarman D, Greenfield S. (2018) Sex and gender differences in substance use disorders, Clinical Psychology Review, Volume 66, DOI:https://doi.org/10.1016/j.cpr.2017.10.012.

Morton, Devaney, O'Connor, McKeown, Harris. (2020). Gender and Irish Drug Policy: Report submitted to the working group as part of the 'Implementing a gender approach in different drug policy areas: from prevention, care and treatment service to law enforcement' project

Morton, Gallagher, McLoughlin.(2023) “You Can't Fix This in Six Months’: The Intersectionality of Women’s Substance Use in the Irish Context. University College Dublin and Merchants Quay Ireland DOI:https://www.drugsandalcohol.ie/38492/1/You%20cant%20fix%20this%20in%20six%20months.pdf

Morton S, O’Reilly L, O’Brien K(2016) Journal of Substance Use, Boxing clever: utilizing education andfitness to build recovery capital in a substance use rehabilitation program, 21:5, 521-526, DOI:10.3109/14659891.2015.1077281

National drugs treatment reporting system. (2022). 2022 Drug Treatment Demand,Health research board. DOI:https://www.hrb.ie/fileadmin/2._Plugin_related_files/Publications/2023_Publications/NDTRS_2023/Drug_bulletin/NDTRS_Drug_treatment_demand_2022_bulletin.pdf

National Institute on drug abuse (2020) Sex and gender differences in substance use DOI:https://nida.nih.gov/download/19238/substance-use-in-womendrugfacts.pdf?v=8e3444077b0c0e237d1413403790818a

Oceanfront recovery. (2018) IS ENTIRE ABSTINENCE THE ONLY WAY TO END ADDICTION? ENTIRE ABSTINENCE THE ONLY WAY TO END ADDICTION? DOI:https://www.oceanfrontrecovery.com/rehab-blog/is-entire-abstinence-the-only-way-to-end-addiction/

Ottonello, Fiabane, Pistarini, Spigno, Torselli, (2019). Difficulties In Emotion Regulation During Rehabilitation For Alcohol Addiction: Correlations With Metacognitive Beliefs About Alcohol Use And Relapse Risk. *Neuropsychiatric Disease and Treatment*, *15*, 2917–2925. https://doi.org/10.2147/NDT.S214268

Page, S., Fedorowicz, S., McCormack, F., & Whitehead, S. (2024). Women, addictions, mental health, dishonesty, and crime stigma: Solutions to reduce the social harms of stigma. International Journal of Environmental Research and Public Health, 21(1), 63. https://doi.org/10.3390/ijerph21010063

Reducing Harm, Supporting Recovery (2017). A health-led response to drug and alcohol use in Ireland 2017-2025 DOI:https://www.drugsandalcohol.ie/27603/1/Reducing-Harm-Supporting-Recovery-2017-2025.pdf

Russell, L., Gajwani, R., Turner, F., & Minnis, H. (2022). Gender, addiction, and removal of children into care. Frontiers in Psychiatry, 13, 887660-887660. DOI:https://doi.org/10.3389/fpsyt.2022.887660

Rutland Center (2020) .Recovery capital Addiction Treatment. Available at:https://www.rutlandcentre.ie/recovery-capital (Accessed: 17 January 2024).

Schwandt, T. A. (2001). Dictionary of qualitative inquiry (Second ed.). Sage Publications.

Shegaw M, Fekadu W, Beka M, Menberu M, Yohannes K, Yimer S, Seid M, Necho M, Moges S, Anbesaw T. (2022) Front Psychiatry.Problematic substance use and its associated factors among street youth in Bahir Dar city, Ethiopia. DOI:https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9365990/

Snodgrass, S., Corcoran, L., & Jerry, P. (2024). Spirituality in addiction recovery: A narrative review. *Journal of Religion and Health*, 63(1), 515-530. https://doi.org/10.1007/s10943-023-01854-z

Sparks, Tisch. (2018). A Family-Centered Program to Break the Cycle of Addiction. *Families in Society*, *99*(2), 100-109. https://doi.org/10.1177/1044389418767841

Springer, M. V., & Skolarus, L. E. (2019). Community-based participatory research: Partnering with communities. Stroke (1970), 50(3), e48-e50. https://doi.org/10.1161/STROKEAHA.118.024241

Stellern, Xiao, Grennell, Sanches, Gowin, Sloan.(2023). Emotion regulation in substance use disorders: a systematic review and meta-analysis. Addiction. doi: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10087816/

Stover, Carlson, Patel, Manalich. (2018). Where's Dad? The Importance of Integrating Fatherhood and Parenting Programming into Substance Use Treatment for Men. Child Abuse DOI:.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6788805/

Subbaraman, M. S., & Witbrodt, J. (2014). Differences between abstinent and non-abstinent individuals in recovery from alcohol use disorders. Addictive Behaviors, 39(12), 1730-1735. https://doi.org/10.1016/j.addbeh.2014.07.010

The European Drugs Strategy (2021)The EU drugs strategy 2021- 2025 DOI:https://www.consilium.europa.eu/media/49194/eu-drugs-strategy-booklet.pdf

The health research board. (2024). National Drugs Library. DOI: https://www.drugsandalcohol.ie/glossary/info/drug_task_force#:~:text=Local%20Drugs%20Task%20Forces%20were,Drug%20and%20Alcohol%20Task%20Forces.

The Recovery Village (2022). Slip vs. Relapse: What's the Difference? DOI:https://www.therecoveryvillage.com/treatment-program/aftercare/slip-vs-relapse/#:~:text=A%20slip%2C%20also%20which%20can,but%20instantly%20regrets%20the%20decision.

Villegas N, Chodhury S, Mitrani V, Guerra J. (2016) Mothers in Substance Abuse Recovery: Perspectives on Motivators, Challenges and Family Involvement. Int J High Risk Behav Addict.(1):e32558. doi: 10.5812/ijhrba.32558. Epub Feb 17. PMID: 30873391; PMCID: PMC6412135.

Wallerstein, N. (2021). Engage for equity: Advancing the fields of Community-Based participatory research and Community-engaged research in community psychology and the social sciences. American Journal of Community Psychology, 67(3-4), 251-255. https://doi.org/10.1002/ajcp.12530

White, W., & Cloud, W. (2008). Recovery capital: A primer for addictions professionals. Counselor, 9(5), 22–27.

Witkiewitz K, Wilson AD, Roos CR, Swan JE, Votaw VR, Stein ER, Pearson MR, Edwards KA, Tonigan JS, Hallgren KA, Montes KS, Maisto SA, Tucker JA. (2021). Can Individuals With Alcohol Use Disorder Sustain Non-abstinent Recovery? Non-abstinent Outcomes 10 Years After Alcohol Use Disorder Treatment. *J Addict Med. Jul-Aug 01;15(4):303-310*. doi: 10.1097/ADM.0000000000000760. PMID: 33060466; PMCID: PMC8044251.