

TREATMENT OF ADDICTED PARENTS AND THEIR CHILDREN:

THE ODYSSEY HOUSE PARENTS' PROGRAMME

INTRODUCTION

The James McGrath Foundation's Odyssey House is a drug-free, residential therapeutic community for the treatment of drug addiction. The programme was initiated by Dr. Judianne Densen-Gerber, a psychiatrist and lawyer, in the United States of America fifteen years ago, and has been operative in Australia in New South Wales since October, 1977 and in Victoria since July, 1980. The Victorian residential facility is located at Lower Plenty in a spacious building originally constructed by the Roman Catholic Church, situated on nine hectares of land and now "home" for one hundred and thirty former drug addicts. There are three specific programmes incorporated within the overall Odyssey programme offering treatment services to adults, adolescents thirteen to seventeen years old and parents and their dependent children. Referrals to these programmes are in general from medical and mental health programmes, social services agencies, schools, jails, courts and probation and parole departments. In addition, fifty-two per cent of residents are self-referred or referred by family or friends.

Treatment at Odyssey House is based on the belief that drug abuse is a symptom of personality maladjustment and emphasises the need for personal growth to replace drug dependence. The programme is long-term, highly structured and directed towards the return of residents to society as fully functioning, responsible people. The emphasis of therapy is upon supervised,

open group confrontation, forcing residents to face reality, their peers and themselves, and challenging them to earn a position within the residential community and to achieve personal growth through the formation of positive interpersonal relationships.

THE PARENTS' PROGRAMME

An integral part of the Odyssey programme is the Parents' Programme, designed to serve addicts who are pregnant, and addicted parents and their children. The Parents' Treatment Programme recognises that the child of the drug using parent is invariably 'at risk' in terms of physical and emotional abuse and neglect, poor parenting practices and the potential for future drug use or other forms of blatant anti-social behaviour. The programme is designed to intervene therapeutically in the transmission of anti-social attitudes from parent to child by means of continuous and multiple helping strategies applied within a controlled environment. The emphases of treatment are the development and well-being of the child, the growth of parents, both male and female, towards drug-free, mature, independent persons with healthy adult concepts of self and parenting, and the optimal growth and development of the parent-child relationship.

RESIDENTIAL CARE

Few formal evaluations have been conducted on the impact of child care services on the treatment experience of drug dependent parents or its effect on their children. However, a recent survey by the United States National Institute

on Drug Abuse identified the significance of available child care services as a factor for consideration in a woman's decision to enter and remain in treatment. The same study also observed that, although child care provisions in treatment programmes are primarily designed in response to the needs of the parent, the needs of the child as well as the dynamics of the parenting process are of growing interest to treatment personnel.

It is important to have a conceptual framework concerning the parenting and nurturing that a child needs to develop into a full-functioning, interdependent adult capable of caring for himself or herself, making mutually satisfying interpersonal peer relationships and in turn rearing another generation. The Parents' Programme considers that parenting has three essential elements: the provision on a consistent basis of a minimum amount of love and security; the ability to negotiate the system on behalf of the child and the provision by parents of positive role models for their children. In each of these aspects the addict parent is found wanting, and intervention is necessary if disruption is not to pass from generation to generation. Should a parent decide to leave Odyssey House with their child prior to completion of treatment it may also be necessary to intervene to ensure that satisfactory plans are made for the child's safety and security.

The availability of residential child care is relevant, too, in view of the increasing numbers of women

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becoming addicted to drugs, the large numbers in the child bearing years and the indications that a greater proportion are becoming pregnant and having children. The Odyssey programme has identified certain characteristics of female drug addicted parents. The female addict mother wants children because to her they represent love objects and redemption of her womanhood. Yet with her own unresolved dependency needs she rejects their demands and is incapable of providing a sustained commitment to their welfare. Observations of addicted parent-child relationships indicate several trends. First, addicts do not alter their life-style to accommodate a new child. Second, they do not make responsible decisions concerning their children. Also, they are incapable of acting in the best interests of their children or of meeting a child's needs at the denial of their own. Odyssey is concerned also about the growing number of addicts who are pregnant. Often in their teens or early twenties and single, these young women have strong dependency needs, a low self-esteem, and an inability to realise their female identity. They tend not to seek pre-natal care and are likely to use drugs throughout pregnancy. Their babies, if born at all, will be born addicted with consequent medical problems.

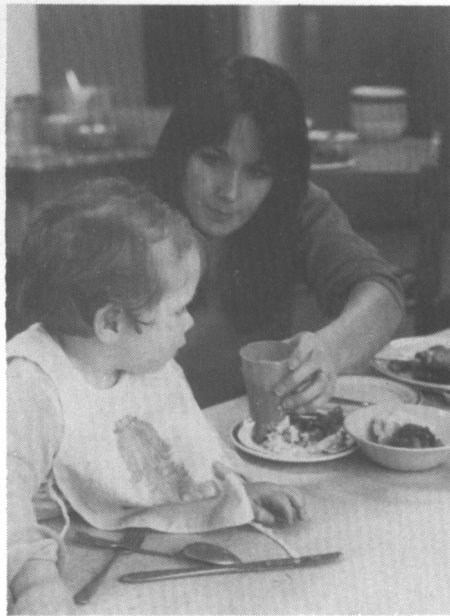
Parents in the Odyssey House Victoria Parents' Programme include parent couples and single parents, both men and women, with children resident in the programme. Parents and their children are admitted together when this is clearly in the best interests of both child and parent. There are, too, parents in the programme whose children live outside Odyssey House either with another parent, usually the child's mother, or relative or in foster-care. Each parent-child situation is assessed on an individual basis and decisions concerning the child's admission made accordingly. It is on occasion preferable for some children, particularly those of school age, to remain in a relatively stable home environment with grandparents, relatives, friends or foster parents until their parents' progress within treatment may be evaluated. A number of children enter the programme when their parents have



reached a level in treatment where they are able to take limited, supervised responsibility for them and to work towards increasing this responsibility while strengths or deficits in the relationship are assessed. Meanwhile the children's home situation is assessed, and arrangements are made where possible to enable them to visit their parents in the programme on a regular basis so that close bonding may be encouraged or maintained.

THE ADULT TREATMENT PROGRAMME

Each parent, whether single or admitted to the programme with a spouse, participates initially as an individual in the Adult Treatment Programme, while time with the children as a parent is closely monitored and supervised. There are three phases of treatment within the Adult Programme: the "motivational" phase of four to six weeks' duration; the "treatment" phase



averaging six to twelve months and the "re-entry" phase lasting a minimum of six months. The motivation phase begins with the parents' induction at the "Storefront" or Outreach Centre at Prahran. Parents are interviewed by intake counsellors regarding their drug history, social history, legal history, history of parent-child relationships and the present physical, emotional and social status of the children. They are evaluated to determine the need for medically supervised detoxification, emergency medical or psychiatric services or alternative child care for their children. They are then searched thoroughly to ensure they are drug free and escorted with their children to the House at Lower Plenty.

Following admission the incoming parents have an "inquiry-in" conducted by representatives of the therapeutic community designed to provide an orientation for new residents and give them a sense of belonging. They also receive a complete medical examination and psychological and psychiatric assessments which form the basis of their treatment plan. During the following "candidate-in" period, residents are responsible for household tasks while they are working towards acceptance into the community. The candidate-in participates in therapy groups daily where the major emphasis is on regulating one's behaviour and accepting the need for help that the programme offers. The basic daily schedule at this stage centres around regular work routines and group therapy sessions. The treatment phase of the

programme includes three levels, beginning with the "probe" and ending when the resident is promoted to Level IV, the beginning of re-entry. The probe, recommended by treatment staff after suitable progress has been made, constitutes the first real therapeutic challenge to the residents. It is an intensive group conducted by representative members of each stage of the programme and a professional staff member. Residents must articulate that they are in need of treatment and willing to accept the Odyssey method, and that such an approach could be beneficial to them. If residents answer in the affirmative, they are accepted into the community as functioning members entitled to use all the tools of therapy. It is now up to them to earn the responsibilities and privileges that come with advancement. At Level I emphasis is placed on attitudes, and the formation of positive interpersonal relationships, with a daily routine structured to incorporate work and therapy in group settings. The Level I begins to verbalise feelings and to trust in the group process. When residents have gained an understanding of the necessary procedures of the therapeutic community, they are moved to Level II. At Level II the resident is placed in a position of authority and stress is given to effective organisation and administration tasks. Group therapy sessions focus more on one's existential reality and ways of dealing with demands, new stresses and new experiences. When Level II residents have become responsible for work functions they are moved to Level III. At Level III residents are given responsibility for the well-being of those under their authority. They are learning to be responsible for people and to guide residents through the rehabilitation process. They set examples of appropriate attitudes and behaviour, become group leaders and act as bridges between professional therapists and new residents. In therapy sessions residents begin to deal with themselves in the context of their role in society. Family relationships and anxieties are explored and self concepts and attitudes to others are openly discussed. It is at this level that the groundwork is laid for future educational and vocational interests. Attainment of Level IV status occurs when residents have answered the question "Am I responsible for people?" At Level IV residents assume senior staff positions within the community for which they receive a small stipend. They

spend the first six months living and working in the Odyssey programme, giving back to the residents in treatment what they themselves have received. Group therapy is continued, and residents may also elect to have private therapy. They are expected to make decisions regarding family relationships for example to restore a broken marriage or seek a divorce, to assume responsibility for their children and to be positive role models. At the end of six months' commitment, Level IV residents may live apart from the Odyssey community, and may attend school, vocational training courses or obtain employment. If the resident is regarded by staff to be coping in a mature, responsible manner, he or she is proposed for "Candidate-Out". Proposed candidates must attain a minimal educational level of fourth form, which may be done within the programme's officially approved school, and a driver's licence and have concrete plans for employment in order to graduate. They must present a realistic three to five years plan covering future employment, education, follow-up therapy if necessary and living arrangements which, if satisfactory to their peers, Odyssey graduates and staff, entitles them to graduate the programme.

PARENTING TREATMENT SERVICES

Development of effective parenting behaviours and attitudes is a key factor in the total treatment approach to parent residents. The programme has shown that good parenting is a learned experience, not an instinctive one, and that basic parenting skills need to be taught. Parent-child relationships are developed gradually under the direction and guidance of staff and senior residents. Children are regarded as the responsibility of the whole community and an attempt is made to de-emphasise the individual child-parent relationship during the early phase of the treatment process. This is based on a number of rationales. First, to break the intense and often destructive narcissistic bond between mother and child. Second, to relieve parents of the need to respond to the demands of the child at the early stages of their own treatment when they are likely to feel overwhelmed, inadequate and frustrated. Thirdly, to allow parents to adjust to basic organisation and routine, and finally to encourage parents to view senior residents and staff as role models.

As parents progress through the programme, they begin to learn more

directly how to deal with their children. All parents participate in regular groups focused on the special problems of parenting. These groups are both educational, dealing with the basics of child development, child health and child management skills and directed towards the psychological and emotional development of children with an emphasis upon enabling the parents to understand their children's feelings and needs by relating to their own childhood experiences. All groups are led jointly by professional staff and ex-addict senior residents, and open, honest, mature communication is encouraged. Parents more advanced in the therapeutic process are expected to teach others less mature the responsibilities and techniques of parenting.

THE CHILDREN'S PROGRAMME

Children of drug abusing parents tend to be delayed in various areas of development and many have significant emotional and behavioural problems within the first six months. Developmental and nurturing care of children in residence at Odyssey House is given special attention, and individual programmes are designed to meet the physical, social, emotional and cognitive needs of each infant and pre-school child. These structured programmes are implemented within the nursery and kindergarten by a qualified child development worker assisted by a selected group of residents. Children attend the kindergarten each week day from 9 a.m. to 5 p.m., while some children attend regular sessions at a local pre-school centre and primary school age children attend the local State school. The pre-school children have a day care programme which aims to help them make a comfortable separation from their parents, to work and share in groups, to develop fine and gross motor co-ordination, to stimulate their curiosity about their world and feel good about themselves. Daily progress of the children is recorded by kindergarten staff, and provides a basis for decisions made by the child treatment staff regarding management of each child. In the evenings after the kindergarten has closed and at week-ends these same programmes are carried out by the parents, supported by selected residents and under the supervision and direction of professional staff.

"VANESSA AND KATIE"

Many parents within Odyssey House have themselves been victims of parental neglect and abuse and

continue the disruptive cycle with their own children. The following example illustrates some of the problems faced by an addicted parent and her child.

"Vanessa, thirty-one years old, came to Odyssey House from the Alfred Hospital following hospitalisation for a drug over-dose. She was admitted to the programme with her seven-year-old daughter, Katie. Vanessa was adopted at the age of two by her paternal aunt and uncle when her parents separated. Her elder sister, Carmel, remained with her father while he requested his sister to rear Vanessa, allegedly because she was not a boy. At seven years of age Vanessa discovered coincidentally that she was adopted, and that her 'uncle' was actually her father and her 'cousin' Carmel, her sister. She immediately felt abandoned by her mother and rejected by her father, who responded defensively and abusively to her questions about the adoption. Her father died five years ago, and she does not know the whereabouts of her mother. Vanessa has not seen her mother since her childhood with her adoptive parents. She also has an adoptive sister Paula, five years older than herself. Vanessa's childhood was one of emotional deprivation and physical and emotional abuse. She deeply resented her adoption and 'hated' Paula as 'She was theirs and I wasn't'. Both adoptive parents drank excessively and argued frequently. Her adoptive mother referred to her as a 'slut' like her own mother, and showed an obvious preference for her own daughter. Both parents 'belted' her frequently, often for no apparent reason. Vanessa concluded she must be 'bad'; her badness was the cause of her parents' separation, her mother's abandonment of her and her adoptive parents' rejection. Thus from an early age she behaved as if she were bad: 'I was always naughty, always doing something wrong, while she (Paula) was so good.' Vanessa was constantly in trouble both at home and at school, and finally left home at thirteen as 'It was better away from them'. She subsequently was made a Ward of State and placed in a variety of convents and Girls' Homes. At sixteen she rented a room with a girl from the convent, became involved with a group of 'drop-outs', started to drink, refused to work and was arrested when unable to pay the rent. At nineteen years of age Vanessa had a son, Simon, whom she adopted out at sixteen months upon realisation that she could not possibly care alone for her baby. Her initial fantasy of the doll to love quickly



changed to a sick, crying, demanding, active child who imposed upon her restraints and pressures she was not prepared to meet. She reacted with physical abuse of Simon, increased drinking and frequent outings to seek company, leaving him at home alone. Vanessa 'missed' her son, and soon decided to replace him with another baby. At twenty-two she had Katie and resolved not to repeat her former behaviour. Despite her efforts, the same difficulties were experienced with the second baby. In addition, Katie's father, who was home intermittently, drank excessively and abused her physically. This time Vanessa reacted by using increasing amounts of sleeping tablets and drinking at home: 'My only way of coping was to be stoned'. She resented Katie's demands for affection and attention, pushing her away and abusing her both emotionally and physically: "I wanted to smash her, to get away from her'. Vanessa became

'stoned' all day. She also began to prostitute herself in order to support her drug habit and to buy whatever she and Katie needed. When Katie's father finally left she formed a relationship with another woman as 'I knew all men were bad'. Although lesbian relationships persisted for over two years, Vanessa considers they were not satisfactory and feels 'dirty' and 'guilty' about them.

"Vanessa presents as a depressed, sensitive, impressionable woman with a very low self-esteem. During her short period in Odyssey House she has shown considerable motivation to become involved in the programme both for herself and her daughter. She is beginning to trust that she is worthwhile and to respond to the care and concern of others. She is also making progress with the extensive therapy she is at present receiving. In addition to regular Level Groups and Parents' Groups she has been in crisis therapy primarily to work through her intense guilt about her former destructive relationship with Katie, Simon's adoption and the hostility and anger she feels towards her sister, Paula. Recently, Vanessa released some of her anger concerning Paula, referring to an incestuous relationship starting at nine imposed upon her by her sister. Also, during early adolescence Paula urged Vanessa to watch her sexual encounters with a series of men. Vanessa fears that Paula will sabotage her opportunities in the programme and will attempt to seduce Katie away from her."

THE POTENTIAL FOR RESEARCH

As it grows, the Odyssey House Parents' Programme will provide a significant source of data for studies of drug addicted parents in residence with their dependent children. It will yield information about the needs and problems of addicted parents and their children and the most effective methods of treating them. At present, information is collected and recorded by means of parent interviews at admission and at regular stages of the programme; physical, psychological and psychiatric assessments of parents and children, and through continuous observations of the children's developmental progress and evaluation of the parent-child relationship. During the short period of operation of Odyssey, Victoria, data collection regarding the female resident population has revealed that seventy per cent of females in treatment have been sexually abused by incest, childhood sexual abuse or rape, and of this seventy per cent of sexually abused women



sixty-three per cent became involved in prostitution. Therefore, early sexual trauma constitutes a major category of child abuse, and predisposition to self destructive behaviour. Research of this kind has important implications in understanding the causative factors of anti-social destructive behaviour such as drug abuse, and in stimulating a more preventive approach by social service agencies to family dysfunction. Albert Camus provides the existential confrontation for those involved in the care of children: "Perhaps we cannot prevent this world from being a world in which children are tortured. But we can reduce the number of tortured children. And if you don't help us, who in the

world can help us do this?"

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