Recovery and Parenting Support through Home Visiting

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Background

The prevalence of substance use disorder (SUD) in Massachusetts, particularly opioid use disorder, is among the highest in the nation.[1,2] Many people who experience SUD are parents,[3] who often face co-occurring mental health challenges and trauma exposure.[4] Past research suggests that parents with SUD may struggle with the demands of parenting, and with interpreting children's needs, cues, and emotions.[5,6] Yet, parents with SUD may not seek support due to feelings of stigma and fear of losing custody.[7]

Within the United States, pregnant and parenting people struggling with SUD are often treated punitively—through child removals, custody loss, and incarceration.[8] When people do disclose problematic substance use, providers may not have the means or expertise to offer services that place the individual with SUD at the center of their family's treatment and recovery.[9,10] Home visiting, which provides strengths-based, individualized services to families with young children, may be a useful service modality to integrate recovery and parenting support. While peer support models are increasingly common in treatment and support for SUD,[11] they are less frequently used in home visiting.

To support Massachusetts families in recovery, the Massachusetts Department of Public Health (MDPH) administers two novel programs that embed recovery support for SUD into home visiting services: FIRST (Families In Recovery SupporT) Steps Together and the Parents as Teachers (PAT) recovery coach pilot, also known as the PAT pilot. Both programs are delivered by peer recovery specialists who have lived experience of substance use and recovery. The current study aimed to describe these two innovative programs through the perspectives of program staff and parents.

FIRST Steps Together

Launched in 2019, FIRST Steps Together is a home-based peer recovery and parenting support program operating in seven sites across Massachusetts. The program supports pregnant and parenting individuals with past or present substance use, and their young children. Drawing from various evidence-based or evidence-informed curricula or interventions (e.g., PAT curriculum, Parenting Journey in Recovery), FIRST Steps Together peer recovery specialists deliver flexible services that aim to build parents' recovery and parenting capital through recovery coaching, relapse prevention, wellness planning, care coordination, and parenting support. Parents who participate in FIRST Steps Together have access to staff clinicians, who provide one-on-one mental health support, and parenting groups, which parents can continue to attend upon program graduation.

PAT Pilot

The PAT pilot, implemented at three Massachusetts PAT programs, is an adaptation of the evidence-based PAT program that began in Massachusetts in 2018. The PAT pilot supports pregnant and parenting individuals with past or present substance use, and their young children, as well as people with a family history of substance use. Peer recovery specialists are embedded within a team of traditional PAT parent educators and deliver the evidence-based PAT model to fidelity, incorporating the three areas of emphasis—child development, parent-child interaction, and family well-being—into each home visit, along with recovery coaching.

Table 1 provides an overview of each program.

Table 1. Overview of FIRST Steps Together and PAT Pilot

	FIRST Steps Together	PAT Pilot
Participants	Pregnant or parenting individuals aged 18 and older with past or present opioid or stimulant use, and their young children[a]	Pregnant or parenting individuals with past or present substance use, a family history of SUD, and their young children *or* family members of individuals with SUD serving as caregivers
Communities	7	3
Staff Clinicians	Yes	No
Program Structure	Flexible service approach focused on recovery, parenting, care coordination, and mental health support	Weekly to bi-weekly personal visits following PAT curriculum and focused on child development, parent-child interaction, and family well-being
Length of services	1 year[a]	1–2 years (with flexibility to be longer)

Note. [a] In January 2022, participant eligibility expanded to include individuals aged 18 and older with any substance use and programs were allowed to determine length of service duration.

Present Study

The purpose of this study was to center the voices of program staff and parents and examine how FIRST Steps Together and the PAT pilot support parents with SUD through home visiting. The aims of this study were to understand perspectives on: (a) critical components of the programs, (b) the provision of recovery and parenting support within the context of each program, and (c) early outcomes of program participation.[a]

Methods

Tufts Interdisciplinary Evaluation Research (TIER) recruited participants from three multi-service agencies located in Central and Western Massachusetts that serve both rural and urban communities. Two of the agencies implemented both FIRST Steps Together and the PAT pilot, and one implemented only the PAT pilot. Program administrators at the three agencies helped recruit staff for interviews or focus groups using scripts provided by the research team. To recruit parents, peer recovery specialists shared flyers during home visits. Staff and parents interested in participating contacted the research team directly to participate in interviews or focus groups.

Two experienced researchers conducted the interviews and focus groups via Zoom, guided by a semi-structured protocol. Interviews lasted 30–60 minutes and focus groups were up to 90 minutes; both were audio-recorded with the consent of participants. As a “thank you,” staff were offered a $25 gift card and parents were offered a $50 gift card.

All audio recordings were transcribed. Three research team members coded interview and focus group transcriptions using NVivo 12. The research team used a combination of inductive and deductive methods to develop a codebook in alignment with study goals to identify themes and sub-themes.

In total, 19 adults—14 program staff and 5 parents (currently or previously enrolled in one of the programs)—participated in the study through 12 interviews and 3 focus groups. One staff member participated in an interview and a focus group. Twelve participants (7 program staff and 5 parents) identified as individuals in recovery. Table 2 provides an overview of the study participants by program and role.

[a] The Social, Behavioral, and Educational Institutional Review Board from Tufts University approved this study.

Table 2. Number of Interview and Focus Group Participants by Program

Site	FIRST Steps Together				PAT Pilot		Total
	Director/ Coordinator	Clinician	Peer Recovery Specialist	Parent	Peer Recovery Specialist	Parent	
1	1	0	0	0	1	1	**3**
2	2	1	2	2	1	1	**9**
3	2	1	2	0	1	1	**7**
Total	**5**	**2**	**4**	**2**	**3**	**3**	**19**

Findings

This section presents findings associated with each study aim.

Critical Components of the Program

Study participants perceived that lived experience of substance use and recovery among peer recovery specialists was an essential and unique component of both FIRST Steps Together and the PAT pilot. They identified relationship-building, participant-driven services, strengths-based support, and addressing community stigma around SUD as key elements of the peer recovery specialist approach. Study participants explained that this approach felt effective because it was applied by staff with lived experience.

Lived Experience

Participants perceived that hiring staff with lived experience of SUD to support parents in recovery was the foundation for service delivery. As a parent shared:

"If I have somebody reading out of a book and they're just like… This is how you should feel or what you should do, then I'm not going to want to listen to them. But if somebody is like, 'Hey. I've been there. I've been at my lows, I've been at my highs,' like, they're more relatable. So, I think that's like a big thing for recovery. And I think it makes them easier to talk to about stuff too."

Peer recovery specialists explained how they could relate to participants from the outset with the program intake process. At intake, parents are required to complete forms that ask for highly personal information that can feel intrusive or triggering. Peer recovery specialists empathized with the discomfort caused by these questions—having had firsthand experience with such forms—and emphasized to parents that nothing they shared would "shock" or "surprise" them.

In addition to lived experience in recovery, parents valued working with staff who had lived experience as a *parent* in recovery with insight into parenting needs at different stages of the recovery journey. Parents shared how their peer recovery specialist could "just figure out stuff" or "find different things that are helpful" when they were struggling. Parents valued how peer recovery specialists' lived experience informed the advice, support, and resources they received.

Parents participating in the study described their peer recovery specialist as a mentor who they learned from, looked up to, or served as an example of where they could be one day. A peer recovery specialist explained, "When you're in [early recovery], it's so unbelievable when you find somebody that actually has sustained recovery, has gotten their kids back, has done all these things that just seem so unreachable." Peer recovery specialists were careful about how much detail they shared about their own recovery journey, recognizing that each person's trajectory looks different.

The Peer Recovery Specialist Approach

The peer recovery specialist approach described by study participants comprised of relationship-building, delivering participant-driven services, providing strengths-based support, and addressing stigma.

Relationship-Building

During early stages of their recovery, parents shared how active substance use and relapse depleted their social support system. Even while in recovery and actively trying to make meaningful changes in their lives, parents experienced alienation and skepticism around their recovery. Peer recovery specialists stepped in as their support system. A peer recovery specialist explained, “They just need that one person to believe in them so they can believe in themselves.” Peer recovery specialists repeatedly told parents, “I’m here for you,” and demonstrated that by being consistent and reliable during and between home visits. Parents also shared anecdotes of their peer recovery specialist sitting with them through “breakdowns” and “talking [them] off the ledge,” when they felt triggered to a recurrence of use.

Delivering Participant-Driven Services

Peer recovery specialists tailored home visits around parent needs and priorities. This included drawing on the curriculum as well as sourcing new information when parents expressed interest in an area outside of the curriculum. A parent shared, “I’ve never been in charge of what I need. I’ve never been asked what I need.” Peer recovery specialists believed that the approach of following the parents’ lead and “meeting them where they’re at” kept parents engaged in the program. Across both programs, peer recovery specialists helped parents think about what they wanted to achieve as an individual, a person in recovery, and a parent, and helped them break up larger goals into smaller shorter-term goals.

Provision of Strengths-Based Support

Parents described their peer recovery specialist as a “cheerleader” for parents, drawing attention to their strengths as an individual and a parent. Peer recovery specialists celebrated “wins” with parents to build their confidence and self-esteem. In cases of relapse, peer recovery specialists reminded parents of the recovery skills they had in their “toolkit.” They supported parents to re-create relapse prevention plans and move forward, instead of ruminating on missteps.

Addressing Stigma

Peer recovery specialists and parents described the stigma associated with SUD. To demonstrate how some community providers react to SUD, a parent described her birthing experience: “You’re in the hospital giving birth and they see that you’re on methadone or…suboxone and all of a sudden those…nice, sweet nurses do a 180 turn… They automatically just tag you as a drug addict.”

Even for parents in active recovery, community stigma around SUD persisted, making it difficult for parents to move forward and sustain recovery. Peer recovery specialists served as advocates for parents, with community providers and family members, by emphasizing successes and reframing substance use as an obstacle rather than a deficit. Home visits were a space for parents to vent about these shared frustrating experiences, discuss strategies to address the stigma around SUD, and practice self-advocacy.

The Provision of Recovery and Parenting Supports Within the Context of Each Program

While both FIRST Steps Together and the PAT Pilot integrate recovery and parenting supports, study participants explained how provision of recovery and parenting support varied according to the program model and the amount of time parents were in active recovery. These dynamics are discussed in the context of each program.

FIRST Steps Together

FIRST Steps Together staff described working with parents in the early stages of recovery, some of whom were still actively using substances. Staff explained how the program’s flexible nature was a good match for these parents because peer recovery specialists were able to support crisis management and the day-to-day

challenges of sobriety. They integrated different curricula (e.g., PAT, Mothering from the Inside Out, Wellness Recovery Action Plan) to provide parenting guidance and support. While being sensitive to parents' readiness to focus on parenting, peer recovery specialists also discussed assisting parents with children's challenging behaviors, language development, nutrition, and potty-training during home visits.

Several peer recovery specialists described supporting parents who were working towards regaining custody of their child. A peer recovery specialist explained: "We can tailor services to where they are and not push because everyone else in their life is just pushing them. And we can be the person to be like, 'Okay, well, you didn't use today. Let's start there. You have a visit with your daughter. What are you going to do?'" By interlacing child development and parenting content into home visits, peer recovery specialists aimed to empower parents and prepare them for future interactions with their child.

PAT Pilot

PAT pilot staff described working with parents in various stages of recovery—both early and more established. Regardless of stage, peer recovery specialists tried to deliver the core PAT curriculum focused on child development, parent-child interaction, and family well-being at each home visit.

How they did this, however, varied by the length of time parents had been in recovery. For example, when supporting parents in early stages of recovery, peer recovery specialists tended to center recovery, blending in PAT curriculum. A peer recovery specialist explained:

"I would absolutely spend most of our time talking about recovery… Recovery is just a little tiny piece of it—keeping recovery is a lot harder because life kicks in. So, I would focus on that and kind of give work on the parenting behaviors, kind of development-centered parenting that we focus on at PAT. … I have a lot of families… their number one goal is to stay in recovery. And that's okay with me."

Peer recovery specialists and parents described instances where peer recovery specialists brought up PAT curriculum or resources that were disregarded or "tossed aside" by parents in the early stages of recovery. With parents who were further along in recovery, peer recovery specialists adhered to PAT requirements more seamlessly. Parents spoke highly of the PAT curriculum and felt the content was applicable and supportive to their family. Parents who were more established in recovery appreciated the focus on parenting during home visits, with periodic "check-ins" on their recovery and discussions around self-care to sustain recovery.

Early Outcomes of Program Participation

Perceived outcomes for parents participating in FIRST Steps Together and the PAT pilot included an increase in recovery capital, improved parenting, and progress towards family stabilization.

Recovery Capital

Study participants shared anecdotes of parents identifying their triggers and leveraging healthy coping strategies to sustain their recovery. Parents in later stages of recovery described ways they supported others in the community including referring others with SUD to the FIRST Steps Together or the PAT pilot, posting information on social media, and considering a future role for themselves in recovery support services.

Parenting

Parents described improvements in day-to-day parenting and the convenience of having someone to ask questions to about raising children. Several parents shared the goal of being more patient with their children and described improvements in how they temper their emotions, communicate, and redirect their children when they need a moment to reset.

A program graduate explained, "I learned so much about my own brain… About how my frontal cortex stopped growing when I started using when I was a teenager. So, when I'm having these fights with my six-year-old and I feel like I'm a six-year-old, in some ways I kind of am." Parents elaborated that learning about the effects of substance use on both their own and their children's health was a valuable and unique aspect of the program.

Family Stabilization

Study participants described positive outcomes around family stability, including becoming more independent, forming healthy relationships, and making progress toward self-determined goals.

Independence

As parents progressed in their recovery journey, they became more independent. Peer recovery specialists witnessed this shift among parents: “It’s so exciting to see our parents waking up in the morning, feeling comfortable driving their children to school, and going home and having a full day of being active instead of going back to bed.” The trusting relationship parents formed with their peer recovery specialists was described as an essential part of this transition. Study participants saw a change among parents from initially relying heavily on their peer recovery specialist to needing less intensive support.

Healthy Relationships

Parents attributed their ability to build social connections to the healthy relationships modeled by peer recovery specialists. One parent shared, “I have better relationships from just having relationships with [program staff].” Peer recovery specialists also encouraged parents to attend support groups, which parents continued to attend beyond the course of the program.

Goal Attainment

Parents worked with peer recovery specialists to reach milestones and achieve self-determined goals. A parent explained, “I’m always setting little goals. Once I achieve that, the next little goal we will go to. I have the six-month papers of what I would like to achieve in the next six months.” With the support of their peer recovery specialist, parents described exercising regularly, obtaining a driver’s license, going back to school, and moving to a new home, among other goals. Study participants shared anecdotes of families who had initially lost custody but worked towards reunification with the support of the program. Persisting through the program and graduating at the end of the year was also described as an achievement.

Peer recovery specialists explained how their role at FIRST Steps Together or PAT pilot helped them achieve their own goals as well. One peer recovery specialist shared:

“I have a lot of years [in recovery], but I was stuck. I was stuck, afraid to go looking for a job. I was stuck, afraid of my past, of my limitations. This is more than just a job; it’s a career. It’s helped me personally and that has helped my family, has helped me financially. This is now my life and my purpose.”

Discussion

This qualitative study examined critical components of the FIRST Steps Together and PAT pilot programs, how each program integrated recovery and parenting support into home visits, and early outcomes for parents. Both programs respond to a persistent need for family support services tailored to families affected by substance use.

FIRST Steps Together and the PAT pilot share characteristics with many home visiting programs including the focus on individualized, strengths-based services and relationship-building. However, the unique staffing of peer recovery specialists, who offer parenting insight and recovery coaching based on their lived experience, differentiates the two programs from others in the community. Though the peer support model needs further research, lived experience among staff appears to influence the program’s ability to engage and connect with parents in recovery.[11]

While there were different perspectives on the optimal balance of recovery and parenting supports for parents in early recovery versus those more established in recovery, study participant feedback exposed a need for additional guidance on how to integrate parenting curriculum into home visits for parents in early stages of recovery in an accessible, appropriate, and relevant way.

While not the primary focus of this study, study participants also shared organization-level recommendations to support FIRST Steps Together and the PAT pilot staff. Most often mentioned were providing professional

skills workshops for peer recovery specialists who may not have worked in this type of role previously and implementing trainings on SUD for other staff (without lived experience in recovery) to create a stigma-free workplace.

Despite initial positive findings, both programs were in early stages of implementation and model refinement at the time of this study; continued evaluation is needed. Further, as each program operates in different communities and under different organizations, future evaluation efforts should recruit participants from additional program sites. Finally, this study was conducted during the COVID-19 pandemic and may not reflect current program implementation methods; visits were primarily virtual at the time of this study.

Regardless of these limitations, this qualitative study provides initial evidence of the value of integrating peer recovery support into home visiting programs for parents with young children. Future research should examine how each program has evolved to date, along with the relationships between specific program components and parent outcomes—both short and long-term.

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