Introduction

An estimated 473,541 individuals are members of a homeless family in the United States (US Department of Housing and Urban Development, 2008). Substance abusing homeless mothers are one of the most vulnerable segments of the homeless population (Kim & Crutchfield, 2004). The few studies that have developed specialized interventions for substance abusing homeless mothers report limited success and high treatment drop-out rates.

One factor shown to have an impact on treatment engagement is distrust of service providers (Zeger, 2002) and positive relationships with service providers is associated with positive outcomes among homeless youth (Nebbitt, House, Thompson, & Pollio, 2007).

Therefore, developing a better understanding of homeless mothers’ perception of service providers may be an important first step in improving treatment engagement and retention.

Methods

A total of 28 mothers participated in 3 focus groups.

To be included in the study mothers had to:

1. Have physical custody of their biological child between the ages of 2-6.
2. Meet criteria for DSM-IV-TR criteria for psychoactive substance use or alcohol use disorder.
3. Meet the federal definition of homelessness.

Interviews were transcribed by undergraduate students and the first author coded the transcripts using phenomenological analysis (Willig, 2008) in order to identify themes related to women’s perceptions of service providers.

Results

The following themes regarding service providers were identified.

Perception that service providers do not understand

“You don’t know what this person has been through before they got here, them and their kids, it’s a lot.”

•Mothers felt that service providers were disrespectful and judged them. Mothers wanted to improve their lives, but felt that being judged by their past mistakes prevented them from being able to improve their life circumstances.

Perception of service providers as unsupportive

“She’s constantly telling you what you’re not doing”

•Mothers felt that service providers did not provide enough help and some mothers thought that service providers did not want to help. Many mothers also reported being discouraged by service providers. Additionally some mothers believed that service providers did not care about them.

Fear of service providers

“I have a fear, will they say this stuff to children services, will this be turned in, you know what I mean that’s a constant fear I have.”

•Many mothers reported some degree of fear and withheld information, such as substance use, from service providers. In general, the fear was that the women would experience negative social consequences.

Desire to be understood

“And that’s all we want, is somebody to really sit there and listen to our problems, and what we go through.”

•Mothers wanted service providers who would listen to them without judgment. Many mothers wanted to work with service providers who had previously been homeless because they thought those service providers would be more understanding.

Desire for positive support

“I need somebody there because you need the guidance, you need the extra push, you need that pat on the back.”

•Mothers expressed a strong desire for guidance and encouragement from service providers.

Need to trust service provider

“I’ve gone through so much and I’m so young you know what I mean? I can’t, I don’t trust nobody, I don’t trust people.”

•Mothers stressed that it was very important that they trusted service providers and said they would only share personal information with service providers they trusted.

Discussion

Mothers reported high levels of dissatisfaction with service providers, which is consistent with research on other homeless populations. However, mothers in this study also reported specific negative experiences with service providers that were related to their substance use and included experiences of feeling judged and fears of getting in trouble because of their substance use.

Mothers in this study reported wanting lots of support and guidance from service providers, however, previous research indicates that service providers think it’s important for homeless mothers to be self-motivated (Lindsey, 1998). Therefore, there may be an inconsistency between homeless mothers’ and service providers’ expectations of how much help should be provided.

Conclusions and Future Directions:

•Trainings for service providers should target increasing positive interactions with homeless mothers. A first step may be to seek service providers’ perception of homeless mothers in order to understand how their perceptions influence the mother-service provider relationship. Next, service providers might benefit from directly querying homeless mothers about their treatment needs and desires to increase understanding.

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