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"Understand My Side, My Situation, and My Story:" Insights into the Service Needs Among Substance-Abusing Homeless Mothers

Pushpanjali Dashora,
University of Alberta

Natasha Slesnick, and
The Ohio State University

Gizem Erdem
The Ohio State University

Abstract

Substance abuse among homeless mothers has negative consequences for both the mother and her child. Few researchers have examined the needs of these mothers in order to effectively intervene in their lives. This study uses a qualitative focus group research method to examine the needs of substance abusing homeless mothers recruited from a homeless families' shelter. Twenty eight women were engaged in three focus groups to identify their needs and acceptable intervention components. Content analysis of data revealed five major categories of needs: subsistence, employment, education and information, service, and counseling and connectedness needs. Findings of this study call for a multifaceted intervention approach that targets several areas of need in a coordinated manner.

Substance-abusing homeless women with children are one of the most vulnerable groups in need of intervention (Kim & Crutchfield, 2004). Even though the Institute of Medicine concluded that substance abuse represents the most predominant public health problem of people who are homeless, little research has assessed what types of treatment are effective with this group (National Alliance to End Homelessness, 2006). Especially among homeless mothers, reluctance to report substance abuse problems for fear their children will be removed from their custody reduces treatment seeking (Cosgrove & Flynn, 2005). The literature notes few attempts to identify effective intervention approaches for homeless substance-abusing mothers, and those who have attempted to intervene report significant dropout rates and disappointing outcomes (Sacks et al., 2004; Smith, North, & Fox, 1995).

Some research suggests that matching interventions to the targeted population's needs and treatment desires may improve treatment engagement and outcomes (e.g., Kryda & Compton, 2009). As a step towards overcoming these treatment barriers, this study used a

Please address correspondence to: Pushpanjali Dashora, Department of Human Ecology, University of Alberta, 302 Human Ecology Building, Edmonton, AB T6G 2N1 CANADA. dashora@ualberta.ca.

qualitative focus group research method with the goal to identify (a) the needs of substance-abusing homeless mothers and (b) acceptable intervention components.

Substance abuse among homeless women with children is far more prevalent than among housed women with children (McChesney, 1995). Hanrahan et al. (2005) reported that 50% of the homeless mothers in their study reported substance abuse problems at intake, while Rog, Holupka, and McCombs-Thornton (1995) interviewed 781 homeless mothers and found that 74% of the mothers reported using drugs within 1 year of the assessment and 12% reported selling drugs within the same period. Substance abuse treatment is imperative because substance abuse disorders can exacerbate the severity of homelessness, which has many personal, social, and economic costs (Robertson, 1991).

In addition to substance abuse problems, homeless mothers struggle with many other stressors. Several studies note that half of homeless mothers are currently fleeing domestic violence, and many more have lifetime histories of intimate partner violence (IPV; Bassuk, Dawson, Perloff, & Weinreb, 2001; Memmott & Young, 1993). Depression and mental health problems are high among homeless mothers compared with the general population. For example, one study reported that homeless mothers have high lifetime rates of posttraumatic stress disorder (three times more than the general female population) and major depressive disorder (two and a half times more than the general female population; Bassuk et al., 1998). Homeless mothers are also beset with the challenges of financial strain, social isolation (Bassuk et al., 1998), as well as difficulty meeting the basic needs of themselves and their children (Memmott & Young, 1993).

Toro et al. (1997) note that most services for the homeless population are emergency services that address individuals' basic needs for temporary shelter and food. However, these services have limited success in permanently ending homelessness through housing and supportive services. Toro et al. (1997) noted that more comprehensive services are required that are ecologically based and target the individual's specific needs. While outcome data on substance abuse treatment for homeless men are starting to appear in the literature (Kim & Crutchfield, 2004; Mercier, Fournier, & Peladeau, 1992), little is known about systematically developed and evaluated treatments for substance-abusing homeless mothers and their children.

Qualitative interviewing can offer a promising first step towards identifying a successful, systematically developed intervention for homeless mothers. Qualitative focus group interview techniques are particularly useful for eliciting data in a context where the researcher aims to provide a safe and comfortable environment for the participants to talk to others who share similar experiences (Denzin & Lincoln, 2005). The group dynamics can facilitate the discussion of taboo or stigmatized experiences because the less inhibited members can break the ice for those participants who are more “shy” (Kitzinger, 1995). In addition, participants can provide mutual support in expressing feelings or needs that are common to the group but differ from the mainstream culture (Kitzinger, 1995).

Several qualitative studies with homeless mothers of young children were identified in the literature (Cosgrove & Flynn, 2005; Hausman & Hammen, 1993; Hodnicki & Horner, 1993;

Meadows-Oliver, 2003). These studies have mostly focused on the parent-child relationship and the impact of the shelter environment on parenting. For example, homeless mothers note that they have significant concerns about their children's comfort while residing in a temporary shelter, and parenting in the context of homelessness is extremely difficult (Hodnicki & Horner, 1993). Given the lack of information on the intervention needs and desires of homeless mothers with young children, Rog and Buckner (2007) suggested that it may be most advantageous to examine the needs that homeless families have and develop interventions from the “ground up.” In addition, the majority of research with homeless mothers has been conducted in selected large metropolitan cities across the country. Therefore, the literature calls for the need for information on homeless families from broader geographic areas, such as those living in the Midwest (Rog & Buckner, 2007).

The current study sought to address several gaps in the literature. First, this study seeks to understand the needs and intervention desires of substance-abusing homeless mothers from their own perspectives. Second, this study uses a “ground up” approach to initiate intervention development. Finally, this study provides an understanding of treatment desires of homeless mothers from a broader geographic area, the Midwest.

Methods

Participants

Twenty-eight mothers were recruited from a local family shelter in Columbus, Ohio. Eligible mothers (a) were residing in the local emergency shelter for families, and met the criteria of homelessness as defined by the McKinney-Vento Act (2002), (b) had physical custody of a biological child between 2 and 6 years of age, and (c) met the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision (DSM-IV-TR) criteria for psychoactive substance abuse or alcohol use disorder. Referrals were received for potentially eligible participants from the family shelter staff. A project research assistant conducted a brief screening interview to determine whether mothers met the eligibility criteria.

Assessment Interviews

After the brief screening, the Computerized Diagnostic Interview Schedule (CDIS-IV; Robins et al., 2000) was used to determine diagnostic eligibility of potential participants. Eligible mothers continued with the assessment battery, whereas those not meeting eligibility criteria were compensated with a gift bag filled with food, toiletries, and toys for children.

To characterize the sample, a research assistant administered a demographic and homeless experiences questionnaire to assess participants' age, self-identified race/ethnicity, and homeless experiences. Also, the Form-90 (Miller, 1996) was used to measure quantity and frequency of alcohol and other drug use in the prior 90 days. The Form-90 (Miller, 1996) is an interviewer-administered, semistructured instrument that documents the quantity and frequency of substance use in the last 90 days (Miller, 1996). Women were compensated with a $40 gift card for their time after completing the assessment interview.

Focus Group Interviews

After the assessment, mothers participated in a focus group interview at the family shelter.[1] The purpose of the focus group was to identify the basic needs and the intervention desires of the women. The interview protocol covered four overarching topics, including mothers' current basic needs, the type of assistance they would like to receive, and their prior experiences with the systems of care (Table 1). Three focus groups were conducted between July and August 2009 at the family shelter and each focus group included 8 to 10 mothers.

Group discussions were facilitated by the principal investigator of the study who had years of clinical and research experience working with homeless populations (second author), and the postdoctoral fellow with an extensive training in qualitative research theory and methodology (first author). Two notetakers were also present during each focus group interview who observed the group interaction process. The moderators started the focus group by introducing themselves and the notetakers. They explained the focus group methodology and the goals of the study. The researchers assured participants that they were not affiliated with the shelter staff and information disclosed in the interview would be kept confidential. The focus groups were audio-recorded by two digital voice recorders. Mothers were served lunch and refreshments during the focus group. The project staff also provided child care for mothers' children at the family shelter. The interviews took approximately 1.5–2 hours to complete and each mother received a $40 gift card for her participation. All procedures in the study were approved by the Institutional Review Board.

Overview of the Analysis

This study utilized a qualitative content analysis procedure, grounded theory, to analyze the data. In this procedure, the researcher allows the categories and names of categories to emerge from the data (Glaser & Strauss, 1967). This approach is particularly useful when research is exploratory and the existing theory or research literature on a phenomenon is limited (Hsieh & Shannon, 2005).

Procedures of qualitative content analysis—The audio-recorded interviews were transcribed in full detail by two native English-speaking research assistants. The first author listened to these recordings, reviewed the transcribed interviews, and verified their accuracy. Next, the transcribed data and the observers' notes were analyzed. The analysis focused on reading each transcript repeatedly from beginning to end to achieve immersion in the data. Then, data were read word by word to derive open or substantive codes (*open coding;* Denzin & Lincoln, 2005). In that process, the interview transcripts were broken down into “meaning units,” which ranged from a few words to several sentences. After coding for discrete concepts, similar meaning units were extracted and were placed together to form categories (*selective coding;* Denzin & Lincoln, 2005). The next step was to develop conceptual organization of the categories generated through the open coding procedure (*theoretical coding*; Denzin & Lincoln, 2005). To that aim, related categories were placed together in a conceptual manner. Finally, to establish the validity of findings, effort was made during the analysis to locate discrepant cases.

[1]One mother completed the assessment battery but did not continue with the focus group.

Results

Participant Demographics

Demographic characteristics of the mothers are presented in Table 2. The average age of the mothers was 29.2 years (standard deviation [*SD*] = 6.4, range 18–40 years). Self-identified ethnicity included African American (60.8%), White (32.1%), and mixed ethnicity/race (7.1%). Of the 28 mothers, 16 (57.2%) were single/never married, seven (25%) were divorced, three (10.7%) were separated but still married, and two (16%) were legally married. On average, mothers had 3.1 children (*SD* = 1.7) whose ages ranged from newborn to 18 years old. Mothers reported 51.7% (*SD* = 38.6) days of substance use (alcohol and drug use) in the prior 90 days.

Categories

Needs of substance-abusing homeless mothers—To explore the needs of substance-abusing homeless mothers (research objective 1), questions from domain two (*basic needs*) and three (*experiences with the larger system*) were asked (Table 1). The qualitative analysis revealed five major categories of needs: (a) subsistence needs, (b) employment needs, (c) service needs, (d) education and information needs, and (e) counseling and connectedness needs.

Subsistence needs—The major subsistence needs reported by homeless mothers were housing, food, and clothing. *Housing* was needed by the mothers to feel secure and independent, and to provide a safe environment for their children. When mothers were asked about their needs, one mother reported, “first and foremost is home.” Another mother reported, “Basically somewhere where your kids could play and be safe and, you know, basically I'm sure that everyone here wants the same thing … not to be here. (Laughs) In a house …”

However, several barriers impeded mothers' ability to receive housing. These barriers included prior evictions, bad credit record, criminal or legal history, past utility bills, unemployment, unaffordable housing costs, and inability to pay security deposits. One mother explained how she became homeless: “I had the money to get a place but I kept getting turned down and the money that I had, I had to spend at a hotel. So then I didn't have no money to get a place because I kept getting denied for apartments.” Although mothers reported the presence of some housing programs such as Section-8 housing (a federal housing assistance program) and Volunteers of America (a nonprofit organization), they were unable to receive housing assistance from these programs. First, the waiting list was very long, and, second, prior evictions and criminal or legal history constricted mothers' ability to receive housing assistance.

Food and *clothing* were some other basic survival needs that emerged during the interviews. Although a majority of mothers were receiving food stamps, some mothers reported struggling with obtaining food towards the end of the month because the food stamps were used. In addition, mothers had limited or no income sources and hence were unable to buy

clothes for themselves and their children. For several mothers, buying diapers and wipes was also a source of worry. One mother described her clothing needs as follows:

> Some of us got, you know, 2, 3, 4, 5 kids here that we gotta take care of, make sure they got everything before we give ourselves something ‘cause I got an infant that's 6 weeks and I gotta make sure that he has pampers and wipes, clothes on his back, you know, milk to eat and things like that.

Employment needs—Several mothers reported struggling with employment. Mothers reported searching for employment (except one mother who was disabled); however, very few were able to receive and/or maintain jobs. The reasons for unemployment ranged from structural to individual-level factors. Mothers identified criminal or legal background, lack of education, or employment history as individual barriers for employment. The economic recession also limited the job opportunities for homeless mothers. Either jobs were not available or were available for those hours when mothers did not have child care available. Further, mothers did not have a phone to communicate with potential employers. In addition, several mothers did not have cars and those who had cars reported difficulty paying for the gas, car insurance, and repair costs. One mother reported, “If you get a job and it's not on the bus line, and you don't even have a car to get there, then you gotta turn down a job.”

Education and information needs—Some mothers reported the desire to go to school or to college or to attend educational or vocational training to improve their job prospects. Mothers also needed information about tuition assistance that could help them start or finish a degree. A major theme that emerged during the focus groups was the lack of information about available resources in the community. Oftentimes, resources were available; however, due to lack of information, mothers were unable to access those resources. For example, mothers were unaware about resources that could help them with diapers and wipes. In addition, some mothers reported that lack of computer knowledge impeded their ability to access online information. Finally, some mothers reported the need for information on budgeting.

Service needs—Several mothers reported child care and substance abuse treatment services needs. The shelter offered free child care, which the mothers considered a great support because it provided them time to search for jobs and housing. However, once mothers leave the shelter, child care was considered a significant barrier in meeting other needs such as employment. On average, mothers had three children and some mothers reported having as many as eight children. Without child care, searching for jobs and housing was considered difficult. Mothers reported the availability of a federally subsidized child care program known as “Title XX/Social Services Block Grant (SSBG)” that provides reimbursement for child care for low-income families. However, to receive “Title XX/Social Services Block Grant (SSBG), “ mothers needed to have a job or be enrolled in school. In addition, the quality of child care was a significant concern for some mothers. One mother reported, “It's hard to work all day when you're worried about, you know, oh are they giving my kid a nap, is my kid crying right now? If my kid is crying, are they “stop crying!” You know, or are they gonna make them feel better.”

Regarding substance abuse, mothers reported the need to receive treatment for alcohol or drug use; however, several barriers impeded mothers from seeking treatment. The primary concern for the mothers was the fear of losing custody of their children. The requirement to be separated from their children while they were in residential treatment programs prevented several mothers from seeking treatment. One mother reported: “I mean, I would go today if I could have my son or knowing that he is well taken care of and that he will be there when I'm out. You know what I mean, I'd go today.” In addition, mothers were concerned about losing governmentally funded assistance such as Medicaid if they sought substance abuse treatment. Mothers were also fearful of being judged by others. In fact, confidentiality and trust with the service providers emerged as some of the biggest concerns for mothers.

Counseling and connectedness needs—The need for affiliation and friendship was prevalent among several mothers and they reported a lack of family support. One mother reported, “When I was on my feet … I had a child, got my first apartment. I stayed in my apartment for 4 years. I mean, my mom, my brother, his baby's mom, his kids, my other brother, his baby's kids, I mean it's like everybody stayed with me and it's like when I did fall … nobody was there.” Given the stressors of homelessness, mothers needed close social and emotional connections. However, mothers reported being deprived of those connections.

In addition, the need for respect, self-esteem, self-sufficiency, freedom, and empowerment was also prevalent among mothers. Several mothers reported that they were being mistreated and stigmatized by the larger society including those who were in helping professions. Getting treated like “a dog” or “a bad person” was common in the discussion for the majority of mothers. One mother said, “Ain't nobody happy to be drug user mom … ain't nobody here … everybody trying to get their kids out of here! And you get treated like crap everyday.” Another mother reported the mistreatment in the following excerpt:

> Even with the doctors that I've gone to, you know … I had a huge problem with my son's doctor because he just looked at me like I was just a welfare mama. You know, and even some of the medical care that you go to, you're looked down on a lot.

Further, several mothers were struggling with issues such as intimate partner violence, childhood abuse, depression, and suicide. However, mothers had mixed reactions toward the need for counseling. Some mothers were willing to seek counseling but they reported that a lack of insurance was a barrier for them. However, some mothers were reluctant and voiced the fear of losing custody of their children and being judged by the counselors. In addition, some mothers were also reluctant to talk about childhood abuse with their advocate/counselor because they were worried that it would bring traumatizing memories and would lead them to use alcohol or drugs. However, some mothers added that they may talk about their personal issues and childhood experiences when they feel comfortable and safe with their advocate/counselor. Taken together, mothers' mistrust, resistance to disclose confidential information and concerns about being judged by service providers suggest the need for building alliance and trust in early phases of treatment.

Amenable intervention components to homeless mothers—Once the information about mother's needs was gathered, mothers were asked to provide information about the

intervention components that would be most amenable to them. Questions from domain four (*the type of assistance mothers would like to receive to meet their basic needs*) and five (*Intrapersonal and interpersonal issues and therapy*; Table 1) were asked to mothers to identify those components.

Housing—Mothers were asked to identify the type of housing and the length of housing assistance they would need. Several mothers reported that they wanted independent housing and one mother shared the desire to become a homeowner. For some mothers, the quality of housing and a safe neighborhood were primary concerns. However, others were willing to take any kind of housing that was offered to them. Regarding the length of rental assistance, the majority of mothers reported the need for three months of rental assistance. Three months rental assistance was considered “a life saver” and “a bomb right there.” Here is an excerpt from a woman who compared the benefits of 3 months rental assistance to the 1-month rental assistance provided by a local agency:

> You have time to save, time to get a job …. It gives you time to get a decent job to where you can make good enough. Whereas, here it's like … find anything you can get, even if it's minimum wage and get out and pay $400 or $500 rent and it ain't going to happen, you are going to lose again.

Although the idea of 3 months of rental assistance was supported, some mothers were concerned about the ability to maintain housing after the end of the assistance. According to these mothers, maintaining the housing would depend upon an individual's situation such as employment status, number of children, and type of drug addiction.

Characteristics of an advocate/counselor—When asked about the preference for stylistic and demographic characteristics of an advocate/counselor, several mothers reported that they did not have any preference for race, ethnicity, or gender. One mother reported:

> I just want an advocate that will push me along and show me that I am doing the right ropes. I don't care if it's a man, a woman, Chinese, Black, White, blue, green, yellow, it doesn't matter as long as I feel like this person is really pushing me forward and giving me a pat on the back, telling me you are doing a good job and this is what I need you to do now or this is what I need for you to write down.” Only one woman did not want a foreign-born advocate due to her past experiences with someone from abroad.

During the focus group interviews, it became apparent that the interpersonal relationship with an advocate/counselor was one of the primary concerns for homeless mothers and the success of an intervention would depend upon this relationship. Mothers wanted an advocate who would be nonjudgmental, caring, supportive, and understanding. One mother reported, “I would want an advocate that would sit there basically would understand my side, my situation, and my story.” Another mother reported, “Don't turn me down. I have one eviction, figure out why I got this eviction. Ask me what happened … was it a financial problem? was it a situation like I'm in? You know, give me a chance, talk to me. Don't judge me by my cover because you can see.”

According to the mothers, the advocate/counselor would need to establish a strong trusting relationship and assurance of confidentiality before they could discuss substance abuse or mental health issues with their therapist. In addition, mothers wanted their advocate/counselor to assist them in setting goals and finding resources and to provide them encouragement and recognition for their efforts. Mothers wanted to feel self-sufficient by doing things on their own and hence were looking for an advocate/counselor who would "show [them] the ropes" and "push [them] in the right direction." Furthermore, given the struggles of homelessness, the requirement to meet with several individuals, such as advocate, counselor, and case manager was considered overwhelming by mothers. Hence, mothers supported the idea of an advocate/counselor who would also serve as their advocate.

Frequency of meetings with an advocate/counselor—Regarding the frequency of meetings with the advocate/counselor, mothers' responses ranged from every day to once a month. Some mothers added that if the advocate/counselor was considered helpful and non-judgmental, then they would be willing to meet more often, for example, twice or three times a week. Some mothers wanted meetings to be more frequent at the beginning of the intervention rather than at the end because they needed more help at the beginning stages. Regarding the length of therapy, mothers reported that they wanted to meet with the therapist for 6 months so that they could continue to receive the support and guidance of the therapist even after the housing assistance ends. When asked about the barriers in meeting with the therapist, mothers reported that their children's sickness or an emergency situation would stop them from meeting with the therapist. One woman reported that she would be stressed at the end of the month as she runs out of the food and this would prevent her from seeing her therapist.

Discussion

Substance abuse among homeless mothers is associated with a range of psychosocial and personal consequences for both the mother and her children (Robertson, 1991). These mothers need effective interventions that are targeted to their specific needs. As mentioned earlier, little research has been conducted to examine the needs of substance-abusing homeless mothers. Generally, researchers approach a problem based upon a priori knowledge of how to best to "solve" a social problem and largely ignore the perspectives of those who are most affected by the problem (Denzin & Lincoln, 2005). This study uniquely contributes to prior literature by using a collaborative approach that considers homeless mothers as "experts" of their own lives and provides insights into their needs from their own perspective. The findings shed light on the treatment needs and preferences of substance-abusing homeless mothers and may guide future efforts to develop interventions for this vulnerable population.

The findings of this study suggest that homeless mothers have multifaceted needs, namely, subsistence, employment, service, education and information needs, and counseling and connectedness needs. These needs are interconnected, which presents a vicious circle for homeless mothers. For instance, obtaining employment is dependent upon child care and, ironically, child care is dependent upon obtaining employment. The multiple and

interconnected needs of homeless mothers indicate the need for a multifaceted intervention approach that targets multiple areas of needs in a coordinated manner instead of targeting one need in isolation of others. In fact, almost two decades ago, Marjorie Robertson (1991) also called for treatment interventions for substance-abusing homeless mothers that intervene at multiple levels. However, to date, research has primarily focused on homeless mothers' parenting or substance abuse issues (Cosgrove & Flynn, 2005; Bassuk, et al., 1998).

Regarding substance abuse treatment, findings of this study corroborate and extend previous research conducted with substance-abusing homeless mothers. Consistent with previous literature (Gelberg & Linn, 1992; National Alliance to End Homelessness, 2006), we found that homeless mothers were reluctant to disclose their use of alcohol or drugs and to seek treatment due to concerns about confidentiality and lack of trust of service providers. The fear of losing custody of their child, in addition to losing governmental assistance, was a major barrier in seeking treatment among homeless mothers. Further, several women in this study reported being stigmatized and judged by others, which prevented them from seeking treatment. It appears that criminalization and stigmatization of drug users do more harm than good to the homeless mothers who might otherwise seek treatment.

Mothers in the current study did not have any preference for the stylistic characteristics of service providers. Instead, mothers placed primary importance to interpersonal relationship with service providers, which, in turn, may influence the success/failure of an intervention. A nonjudgmental, caring, and understanding attitude of service providers was reported as a prerequisite for trust building. This finding suggests that intervention programs that target substance abuse issues without establishing trust with homeless mothers may not be effective. This finding also corroborates the literature on therapeutic alliance. Therapeutic alliance, defined as the collaborative nature of the partnership between counselor and client, appears to be a consistent predictor of engagement and retention of clients in drug treatment (Meier, Barrowclough, & Donmall, 2005).

In addition, several mothers were reluctant to seek residential treatment because they did not have child care available for their children or did not know if they would be able to retrieve their children after completing the treatment program. A review of the substance abuse treatment literature among those experiencing homelessness suggests that the needs of homeless mothers with children are not met by the existing treatment programs (Zerger, 2002). The treatment programs are generally designed for men (who often do not have children in their custody) rather than being family-oriented. Findings of the current study suggest that keeping the family intact during the treatment process may increase the engagement of homeless mothers in treatment programs.

One limitation of this study was that the sample of substance-abusing homeless mothers was recruited exclusively from a residential family shelter in Columbus, Ohio. Unsheltered homeless mothers and/or homeless mothers from other regions of the United States may report different insights into the treatment needs of homeless mothers. In addition, a focus group is social in nature, so it is prone to small group dynamics in which some participants have a tendency to express opinions in agreement with the rest of the group. This can limit

the discussion of other alternative needs or personal experiences (Kitzinger, 1994). However, at the beginning of the interviews, the moderators informed the participants that the focus group was a safe environment where they were free to express their perspectives even if they did not agree with the rest of the group. In addition, throughout the interviews, the moderators encouraged everyone to participate in the discussion.

Despite these limitations, this study fills a significant gap in the literature by examining the needs of homeless mothers whose voices are often not heard. This study challenges the conventional clinical research in which researchers develop interventions depending on their own existing empirical knowledge and/or clinical experience. Unfortunately, this top-down approach to intervention may create gaps between the aims of researchers and needs of homeless mothers. Instead, this study used a “ground-up” approach as proposed by Rog and Buckner (2007) and attempted to rely on mothers' own perspectives. In addition, the focus group methodology used in this study is especially suited for giving voices to the concerns of oppressed or marginalized populations (Kitzinger, 1994; Mkandawire-Valhmu & Stevens, 2010) such as substance-abusing homeless mothers. Focus groups can provide a nonthreatening environment where mothers can freely express their feelings. In fact, some mothers described the focus group as a cathartic experience and expressed their gratitude to the moderators for listening to their needs and stories.

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Table 1
Key Questions of the Semistructured Interview for Focus Groups

1	Introduction to the study and focus group methodology
2	Basic needs • What are your basic needs? • How have you tried to meet these needs in the past? • Which basic needs were successfully met and unsuccessfully met by the systems of care?
3	Experiences with the larger system • What are your prior (negative and positive) experiences with the social system? How have you felt the larger system has helped you or hurt you? • What are your needs from the larger system? (Probe financial support, medical care, employment or child care support services) • What are the issues/barriers that you face when you're accessing services from the larger system?
4	The type of assistance mothers would like to receive to meet their basic needs • If someone were to run a program where people were to help you meet some of your needs, what would that look like? • What types of services would you want your advocate to provide? (Probe what kind of housing they would like, how long they need the rent to be covered etc.) • What would make you want to meet with your advocate?
5	Intrapersonal and interpersonal issues and therapy • What are the personal issues that you might need help with? Are there any things that you wouldn't want to talk about with your advocate/counselor? (Probe substance abuse, depression, history of trauma including childhood abuse and intimate partner violence etc. • What are your prior experiences with therapy or mental health workers? Do you have any concerns about discussing your personal and interpersonal issues? • (If interested in therapy) How would you like the therapy process look like? (Probe how often they would like to meet, the ideal length of the therapy sessions, and barriers to attend treatment sessions etc.)
6	Conclusions and wrap up

Table 2
Characteristics of the Sample (n = 28)

		n (%)	Mean (SD)	Range
Demographic characteristics				
Age			29.2 (6.4)	18–40
Ethnicity	African American/African	17 (60.8%)		
	White, non-Hispanic	9 (32.1%)		
	Mixed/other	2 (7.1%)		
Current marital status	Single, never been married	16 (57.2%)		
	Legally married	2 (16%)		
	Separated but still married	3 (10.7%)		
	Divorced	7 (25%)		
Homelessness experiences				
Age homeless for the first time			26.36 (7.69)	15–40
Total number of days currently without shelter			29.04 (46.12)	0–240
Children				
Number of children			3.14 (1.65)	1–8
Age of children			6.32 (3.21)	Newborn-18
Substance use				
% days of alcohol and drug use (except tobacco) in the last 90 days			51.67 (38.56)	1.5–100