



Working with Families with Substance Abuse and Co-Occurring Disorders

Regional Training Event

Improving Women's Retention in Treatment

October 10, 2006

Prototypes

CENTERS FOR INNOVATION IN
HEALTH, MENTAL HEALTH AND SOCIAL SERVICES

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This training is provided by the California Women, Children & Families Technical Assistance Project through a contract with the State of California Alcohol & Drug Programs

Comprehensive Treatment Issues for Women

Within the treatment program, providers should address the following issues:

1. The etiology of trauma, addiction, and mental health concerns, especially gender-specific issues related to these issues (social, physiological, and psychological consequences)
2. Interpersonal violence, including: incest, rape, battering, and other abuse
3. Relationships with family and significant others
4. Parenting
5. Child care and child custody

Source: *Practical Approaches in the Treatment of Women Who Abuse Alcohol and Other Drugs*, Center for Substance Abuse Treatment (CSAT) 1994

Comprehensive Treatment Issues for Women

6. Attachments to unhealthy interpersonal relationships
7. Isolation related to a lack of support systems (which may or may not include family members and/or partners) and other resources
8. Grief related to the loss of children, family members, and partners, as well as to the loss of alcohol and other drugs
9. Eating disorders
10. Low self-esteem
11. Race, ethnicity, and cultural issues

Source: *Practical Approaches in the Treatment of Women Who Abuse Alcohol and Other Drugs*, Center for Substance Abuse Treatment (CSAT) 1994

Comprehensive Treatment Issues for Women

12. Sexuality, including sexual functioning and sexual orientation
13. Gender discrimination and harassment
14. Disability-related issues, where relevant
15. Work
16. Appearance and overall health and hygiene
17. Life plan development

Source: *Practical Approaches in the Treatment of Women Who Abuse Alcohol and Other Drugs*, Center for Substance Abuse Treatment (CSAT) 1994

Family-Centered Approach

The Center for Substance Abuse Treatment (CSAT) and the Sub-Group on Substance Abusing Women (1992) have proposed a family-centered comprehensive approach.



Family-Centered Approach

A family-centered comprehensive approach addresses a woman's substance abuse in the context of her:

- Health**
- Relationship with her children and other family members**
- Relationship with the community**



Benefits of Family-Focused Approach

- **Family-focused treatment promotes the well-being of the entire family**
- **Attracts and retains women in treatment**
- **Promotes resiliency and coping skills in children**
- **Helps prevent current and future child abuse and neglect**
- **Helps stop trans-generational cycle of substance abuse, mental health disorders, and domestic violence from parents to children**



Source: Adapted from Maxine Harris, Ph.D.

Impact of Recovery on the Family

- **Changes roles and relationships among all family members**
- **Stimulates guilt and remorse for past behavior**
- **Stimulates fear and feelings of loss**
- **Families need a great deal of support to tolerate these feelings and role disruptions, and stay with the recovery process**



Source: Adapted from Maxine Harris, Ph.D.

Who to Include in Family Treatment?

Possibilities include:

- Client's children
- Client's partners
- Client's parents and/or siblings
- Client's grandparents
- Children's foster parents
- Other child caregivers



Source: Adapted from Maxine Harris, Ph.D.

Family-Centered Approach

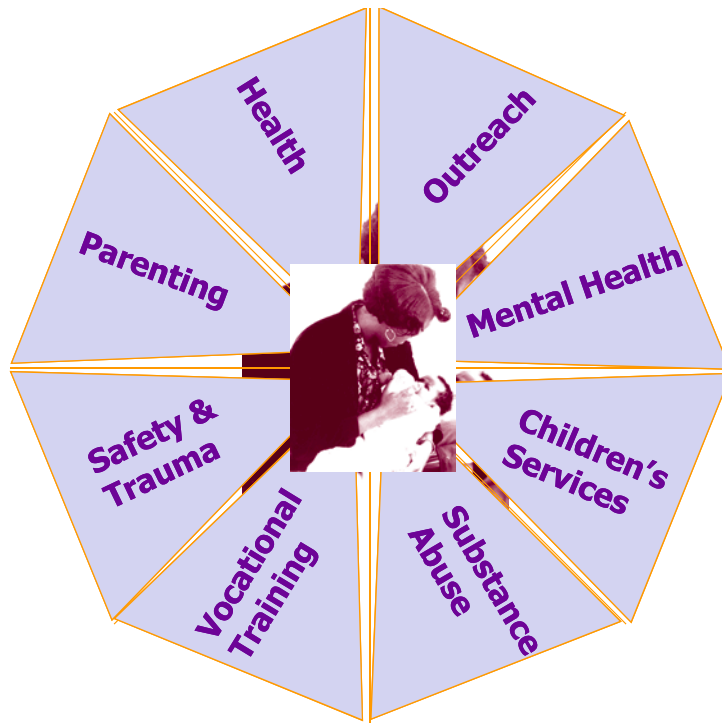
In a comprehensive treatment model, the following services are recommended:

- Medical interventions
- Substance abuse counseling
- Psychological counseling
- Health education and prevention activities
- Life skills training
- Case management
- Other social services

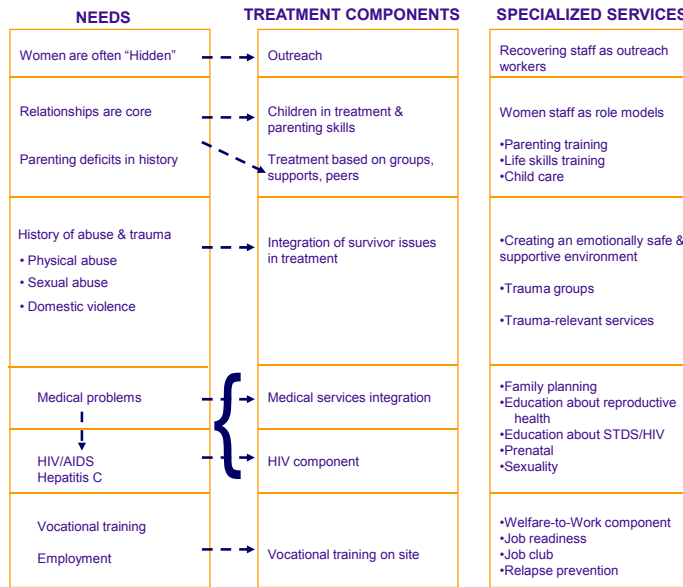




Services Developed to Fit Women's Needs

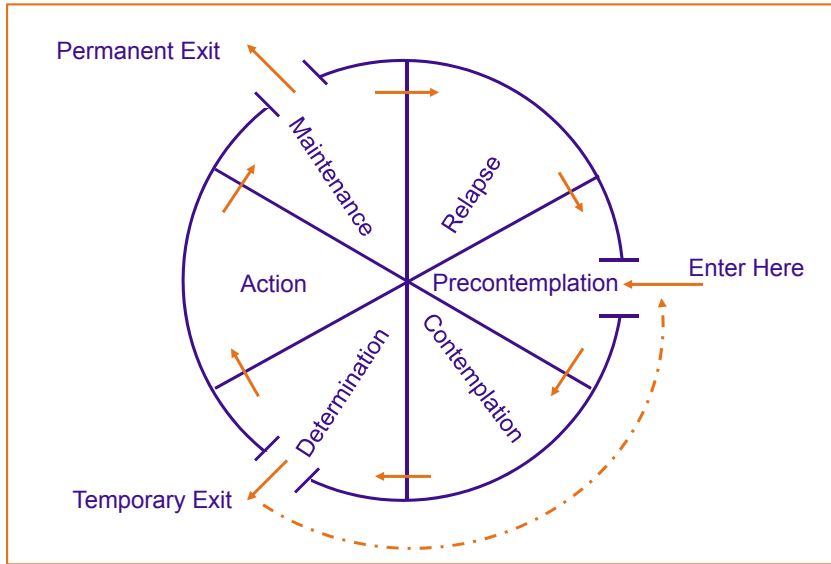


Services Developed to Fit Women's Unique Needs

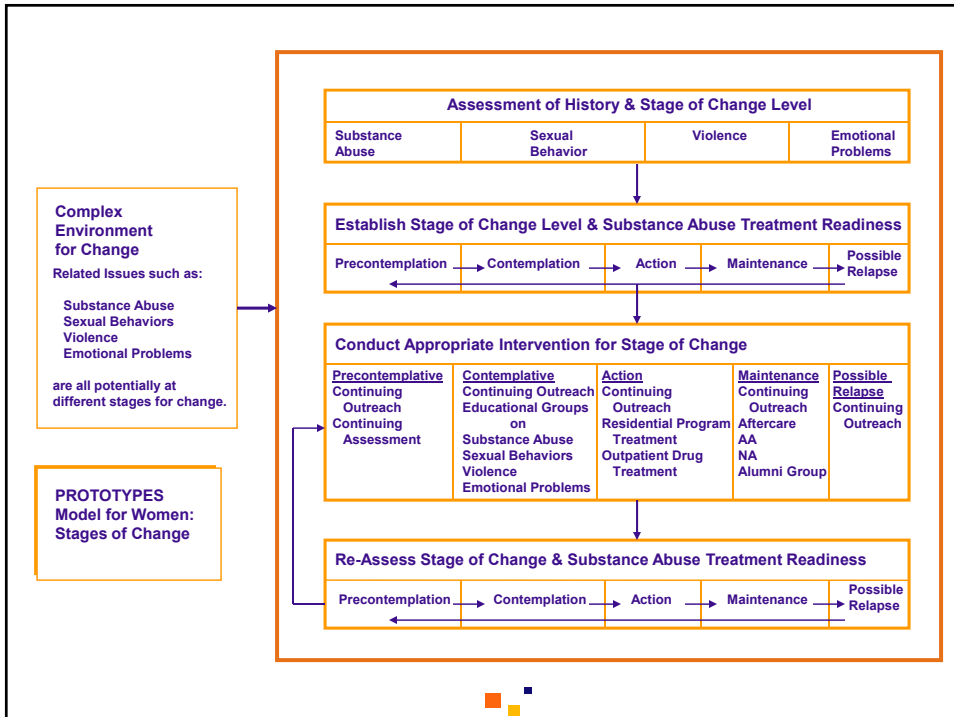


Stages of Change Issues

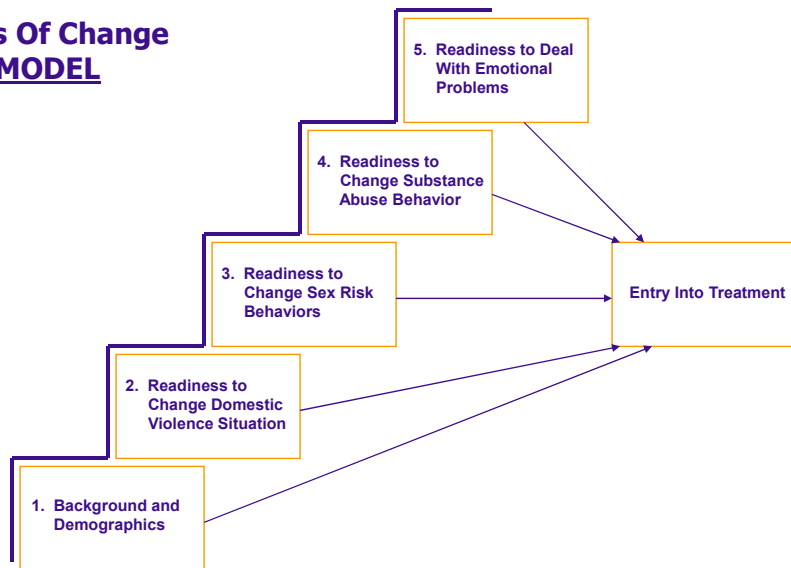




Adapted from James O. Prochaska & Carlos C. DiClemente (1982), "Transtheoretical therapy: Toard a more integrative model of change." *Psychotherapy: Theory, Research, and Practice*, 19; 276-288.

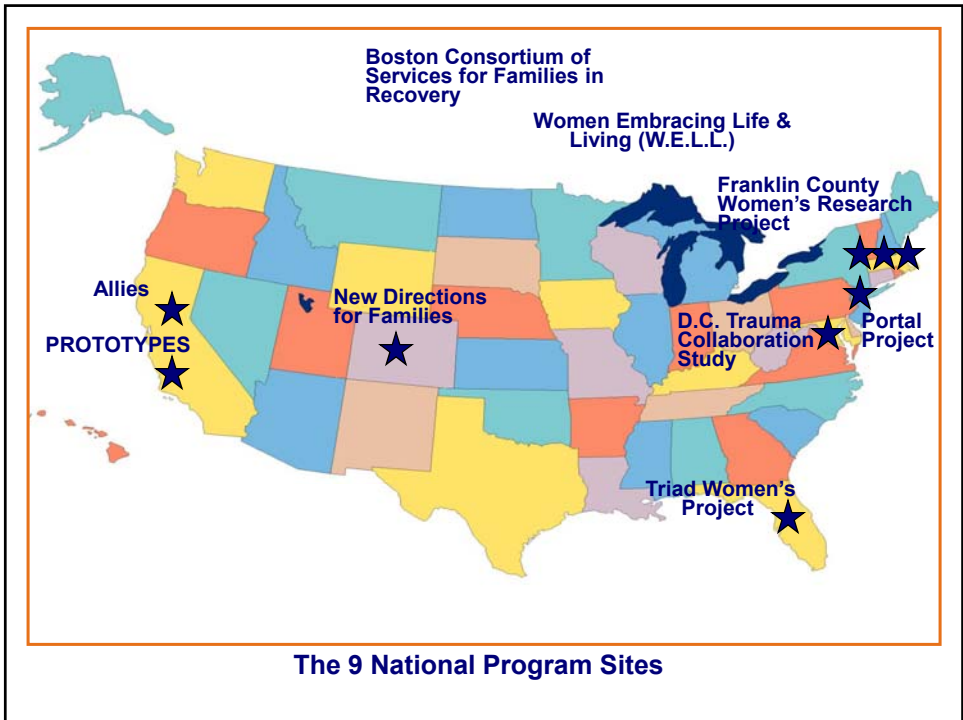


Steps Of Change MODEL



WHAT DO WOMEN IN SUBSTANCE ABUSE TREATMENT LOOK LIKE?

SAMHSA's Women with
Co-Occurring Disorders
and Violence Study



The 9 National Program Sites

Sample Sizes Across Program Sites by Condition (N=2,729)

Program / Site	Intervention Group	Comparison Group
PROTOTYPES Los Angeles, CA	187	215
Allies Stockton, CA	169	266
Arapahoe House—New Directions for Families Metropolitan Denver, CO	57	108
D.C. Trauma Collaboration Washington, D.C.	150	97
Triad Women's Project Avon Park, FL	179	123
Boston Consortium of Services for Families in Recovery Boston, MA	181	161
The W.E.L.L. Project Cambridge, MA	218	110
Franklin County Women's Research Project Greenfield, MA	105	120
Portal Project New York, NY	169	114
Total	1415	1314



WCDVS Demographics n=2,729

Age	Mean	36
Race	African- American	27%
	Hispanic	19%
	Caucasian	50%
Education	Less than high school	47%
Relationship Status	Married/significant other	38%
	Divorced/separated/widowed	32%
	Never married	30%
Employment	Full-/part-time	13%
	Disabled	25%
	Below poverty line	73%
Residence	Homeless	3%
	Residential SA	53%
	House/apartment	36%

Trauma Experiences

WCDV Study data show that trauma started early and happened often:

- About ¾ of subjects (74%) reported multiple and repeated types of abuse
- Average age physical neglect began: 9 years
- Average age of 1st sexual and physical abuse: 13 years
- Almost all women (92%) reported physical abuse
- Almost all women (90%) reported sexual abuse



Demographic Characteristics Summary

In general, participants were:

- Not highly educated
- Under-employed
- In poor physical and mental health
- Mostly mothers with extensive histories of interpersonal violence



Source: Adapted from Maxine Harris, Ph.D.

Parenting Status

- Percent ever having children: 86.7%
- Mean number of children under 18: 2.04
- Percent with custody: 59.2%



Source: Adapted from Maxine Harris, Ph.D.

Parenting Concerns at Baseline

- **25% of mothers with children under 18 were concerned about losing custody of their children**
- **Less than half (46%) of mothers indicated they felt confident in their ability to help their child grow and develop**
- **Only 32.4% of women agreed with the statement: “I feel my family life is under my control.”**
- **Only 37.3% of women agreed with the statement: “I feel my service providers support me in my role as a parent.”**

Source: Adapted from Maxine Harris, Ph.D.

In the Words of the Women...

“Parenting [groups] gave me confidence that I could do it. It showed me that I was allowed to make mistakes. It gave me skills to feel confident with my baby and not feel like I’m going to hurt her or screw her up, ‘cause that was my biggest fear.”

~ Charlene, Arapahoe House

Source: Adapted from Maxine Harris, Ph.D.

Involving Partners in Parenting

Questions to ask before involving partners:

- Is partner safe to involve in treatment?
 - Domestic Violence concerns
 - Sober
- How does client feel about partner participation?
- Any risks to children?
- Is partner ready to be involved in parenting?

NOTE: a partner is any person client designates to share child responsibilities (e.g., grandparent, significant other, etc.)



Source: Adapted from Maxine Harris, Ph.D.



Children in Treatment



WCDV Target Population

- Children between the ages of 5 to 10 years, of women enrolled in the WCDV study
- Target children must have weekly personal contact with the mother/caregiver enrolled in the WCDV study
- Only one child per family enrolled in the study; however, all children can receive intervention services



Source: Adapted from Maxine Harris, Ph.D.

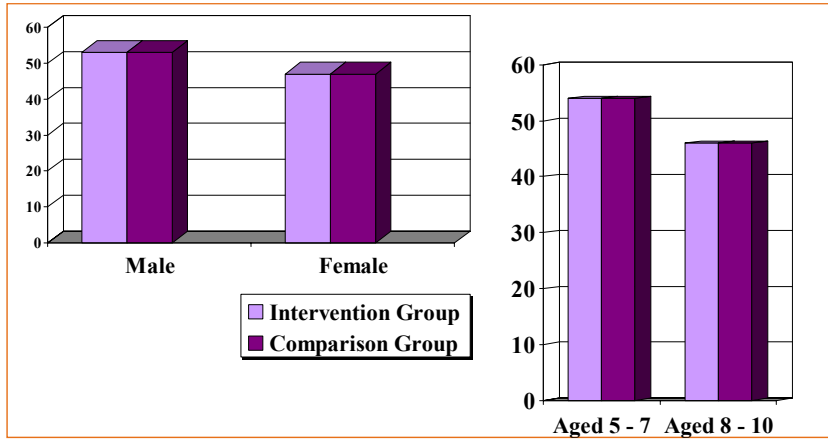
Demographics of the Children

- Average age: 7.28 years
- In legal custody of their mother: 74.3%
- Involved in the Child Welfare System: 39%
- Experiencing emotional/behavioral problems: 67.5%
- Parent convicted of a crime: 79.8%
- Parent treated for substance abuse: 98%

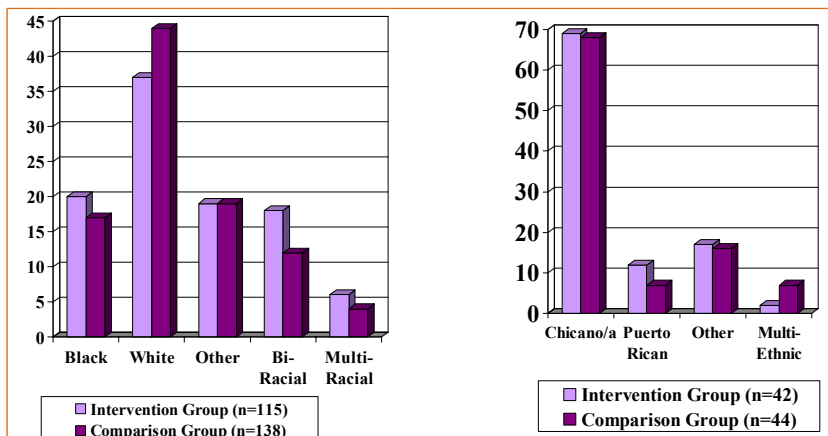


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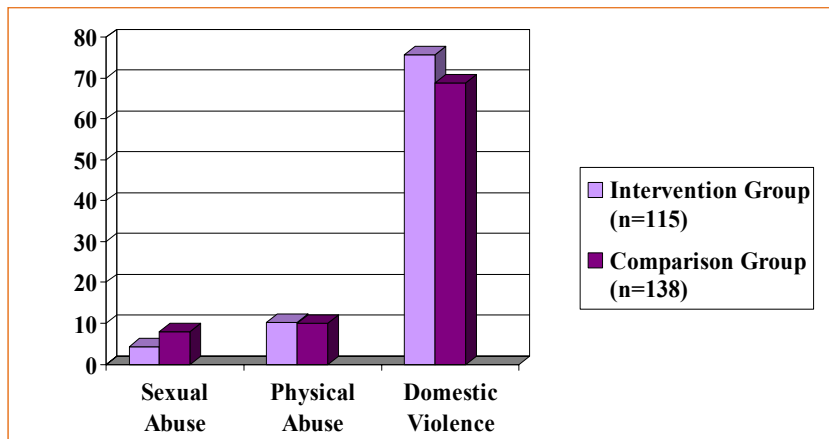
Gender & Age (n = 253)



Race & Ethnicity Distribution



Prevalence of Victimization/Abuse



Source: Adapted from Maxine Harris, Ph.D.

Core Intervention Components

- **Clinical Assessment for Mother & Child**
- **Resource/Service Coordination & Advocacy**
- **Skills and Resiliency-Building Group**

Source: Adapted from Maxine Harris, Ph.D.



Children's Skills Building Intervention



Core Values Children Are Entitled To:

- 1. Having their voices heard**
- 2. Being physically safe**
- 3. Experiencing consistency**
- 4. Having a sense of dignity and self-worth**
- 5. Having control over their bodies**
- 6. Receiving respect, understanding, compassion, support**



Core Values Children Are Entitled To:

- 7. Having nurturing relationships with adults in their lives**
- 8. Having confidentiality respected, except when issues of safety arise**
- 9. Connecting to community and social supports**
- 10. Belief that positive change is possible**
- 11. Child's needs are a priority**



Major Group Goals

- 1. To “break the secret” of abuse in their families**
- 2. To learn to protect themselves**
- 3. To experience the group as a positive and safe environment**
- 4. To strengthen their self-esteem**



Skills Building Group Intervention

- Week 1:** **Getting to know each other:**
“It’s okay to feel and express feelings”
- Week 2:** *“Abuse and violence are not okay”*
- Week 3:** *“It’s okay to be angry and express it, but it is not okay to abuse others with my anger”*
- Week 4:** *“I’m not the only one whose parents use drugs”*



Adapted from Peled & Davis (1995), *Groupwork With Children of Battered Women*, Sage Publications

Skills Building Group Intervention (cont'd)

- Week 5:** *“I’m not the only one whose parents fight”*
- Week 6:** *“My body is private, and I have the right to protect it”*
- Week 7:** *“I can be strong without being abusive”*
- Week 8:** *“I have the right to be safe”*



Adapted from Peled & Davis (1995), *Groupwork With Children of Battered Women*, Sage Publications

Skills Building Group Intervention

(cont'd)

Week 9: Review and good-bye:
“It’s sad to say good-bye.”
“You were great!”
“You deserve the best!”

Booster Session 1 (30 days)

Booster Session 2 (60 days)



Adapted from Peled & Davis (1995), *Groupwork With Children of Battered Women*, Sage Publications

Group Interventional Protocol

- **Message of the week**
Example: “Abuse and violence are not okay”
- **Check-in**
- **Feeling of the day:**
Example: “Sad”
- **Activities & process**
- **Pass the squeeze**
- **Snack**
- **Reward/reinforcement**





Children's Outcomes



Children's Data Sample Overview

- N = 253 at baseline
- N = 209 at 6 months (82.6%)
- N = 217 at 12 months (85.8%)
- N = 195 (77.1%) received baseline, 6-month, and 12-month interviews
- Intervention and comparison groups are statistically equivalent on demographic variables across follow-ups



Six Months Post-Baseline

Primary Outcomes

For children whose mothers have co-occurring substance abuse and mental health disorders, and a history of interpersonal violence, involvement in the standardized intervention leads to comparable, but not better, improvement than those children receiving treatment-as-usual services.



Six Months Post-Baseline

Primary Outcomes

Mothers' outcomes, however, DO affect children's outcomes:

- Children in treatment-as-usual whose mothers have negative outcomes do considerably worse than other children
- Children whose mothers have positive outcomes do well regardless of treatment assignment
- Children enrolled in the standardized intervention show general improvement regardless of mother's outcome



Twelve Months Post-Baseline

Primary Outcomes

- For children whose mothers have co-occurring substance abuse, mental health disorders, and a history of interpersonal violence, involvement in the standardized intervention leads to sustained improvement as compared to those children receiving treatment improvement
- Mother's outcomes do NOT play a role in sustaining children's positive outcomes



Twelve Months Post-Baseline

Primary Outcomes

- Consistent with previous research, younger children show more improvement than older children regardless of treatment assignment, with children enrolled in the standardized intervention performing consistently better than those receiving treatment-as-usual across age groups



Summary of Results

- In the short term (6 months), mother's overall treatment outcome plays a stronger role in children's outcomes than involvement in the standardized intervention
- In the long term (12 months), participation in the standardized intervention leads to sustained positive improvement regardless of mother's outcome, with younger children showing a greater degree of positive change than older children



Lessons Learned

- Children can be the motivator for women to seek treatment
- Treatment of the woman offers an opportunity to provide services to the children
- Traumatic childhood experiences influence a mother's ability to parent
- Victimization of children triggers memories in the parent
- Motherhood is both a major source of identity and self-worth, and a source of shame and guilt



Lessons Learned

- **Extreme guilt and shame must be addressed in order to build healthy parenting relationships**
- **The support of a parent who has experienced similar challenges is critical in overcoming fear and guilt**
- **System-related issues of confidentiality and privacy must be addressed in order to promote healthy boundaries**
- **Agencies must develop excellent working relationships with child welfare and criminal justice services**



Family Involvement Summary

ALWAYS KEEP IN MIND THESE QUESTIONS:

- **What are the BENEFITS vs RISKS of family involvement?**
- **Is client ready to invite others to participate in her treatment?**
 - **For which treatment goals?**
 - **At what point in treatment?**
- **Are the other family members safe to participate?**
- **Are the other family members ready to participate?**
- **Is there a relapse prevention plan in place for clients and their family members?**
- **Are there external community agencies that also need to be involved? (e.g., DCFS, parole, courts)**

National Trauma Consortium

Provides consultation, training, and technical assistance with the vision of improving and enhancing the lives of individuals with trauma and co-occurring disorders and their families:

www.nationaltraumaconsortium.org



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