The Challenge

- What is the state of knowledge on the effectiveness of substance abuse treatment (SAT) and how does it relate to families who are involved with the child welfare system?
- What has been learned from large-scale evaluation studies and smaller-scale studies of specialized treatment for pregnant/parenting women?
- What are promising treatment/intervention models for blending/integrating services?
- What are the current critical issues on researchers’ agendas and future directions?
National Studies on Effectiveness of Substance Abuse Treatment

<table>
<thead>
<tr>
<th>Agency</th>
<th>Study</th>
<th>Years</th>
<th>Sample Size</th>
<th>No. of Programs/ Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIDA Drug Abuse Reporting Program (DARP)</td>
<td>1969-72</td>
<td>44,000</td>
<td>139 programs</td>
<td></td>
</tr>
<tr>
<td>NIDA Treatment Outcome Prospective Study (TOPS)</td>
<td>1979-81</td>
<td>11,750</td>
<td>41 programs/ 10 cities</td>
<td></td>
</tr>
<tr>
<td>NIDA Drug Abuse Treatment Outcome Studies (DATOS)</td>
<td>1991-93</td>
<td>10,100</td>
<td>96 programs/ 11 cities</td>
<td></td>
</tr>
<tr>
<td>NIAAA Project MATCH</td>
<td>1991-93</td>
<td>1,726</td>
<td>9 clinical research units</td>
<td></td>
</tr>
<tr>
<td>CSAT National Treatment Improvement Evaluation Study (NTIES)</td>
<td>1993-95</td>
<td>6,593</td>
<td>78 service delivery units/ 16 states</td>
<td></td>
</tr>
<tr>
<td>NIDA Clinical Trials Network (CTN)</td>
<td>1999 – Present</td>
<td>varies by protocol</td>
<td>17 nodes/130 community treatment providers</td>
<td></td>
</tr>
</tbody>
</table>

Evidence-Based Treatment Model

Source: Simpson, 2003
Development of State Outcome Monitoring Systems

Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment

<table>
<thead>
<tr>
<th>Program</th>
<th>Years</th>
<th>No. of States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Outcomes &amp; Performance Pilot Studies (TOPPS)</td>
<td>1997-1999</td>
<td>14</td>
</tr>
<tr>
<td>Treatment Outcomes &amp; Performance Pilot Studies Enhancement (TOPPS II)</td>
<td>1999-2001</td>
<td>19</td>
</tr>
<tr>
<td>Performance Partnership Grants (PPG)</td>
<td>Under Review</td>
<td>All</td>
</tr>
</tbody>
</table>

Findings from TOPPS II on Pregnancy and Status of Children

- Pregnant
- Lives w/child < 18 yrs. past 6 months*
- Child removed from home because of court order**
- Parental rights terminated to 1 or more child**

*Among women with children
**Among women who had children removed from home

Note: Findings not controlled for sample attrition from follow-up and missing cases
“Participation in Drug Treatment will Affect Child Custody” in DATOS*

*Time frame is at treatment admission, 1991-93

Characteristics of Individuals with Child Custody Issues in DATOS

Having child custody issues was associated with:

- Being African American
- Having less than HS degree
- Being referred by community agency
- Receiving public assistance
- Having prior drug treatment
- Being unemployed
- Being on parole
- Having unstable shelter
- Reporting current physical and/or sexual abuse
- Having multiple psychiatric disorders
- Engaging in illegal activity
Services Provided in Substance Abuse Treatment Programs

Source: Grella & Greenwell, 2003; Based on Uniform Facility Data Set, 1998

Services Needed & Received Among Women in SAT and CWS (N = 183)

Source: Smith & Marsh, 2002
Services Needed & Received Related to Treatment Outcomes

- Bivariate analyses showed that:
  - Matched counseling services (i.e., domestic violence, family) were associated with less substance use at 24-month follow-up
  - Matched ancillary services (i.e., housing, job training, legal) were associated with higher client satisfaction
- Multivariate analyses controlling for client characteristics showed that the total number of services received had a stronger impact on outcomes than degree of service matching

Source: Smith & Marsh, 2002

Development of Specialized Treatment Programs for Women

- Interest in specialized substance abuse treatment for women was stimulated in the 1970s by feminism – how women’s AOD use differs from men’s
  - Etiology
  - Epidemiology
  - Social influences
  - Barriers to treatment participation
  - Treatment needs
- In the 1980s, public concern over crack epidemic lead to increased policy attention and funding for women’s drug treatment
- National Pregnancy and Health Survey (1996), sponsored by NIDA
Development of Specialized Treatment Programs for Women, Cont.

- Demonstration programs of specialized SAT for pregnant/parenting women
  - NIDA “Perinatal-20”
  - CSAT Residential Women and Children/Pregnant & Parenting Women (RWC/PPW) Program (Clark, 2001)
- Federal block grant funds include 5% - 10% “women’s set-aside” for specialized programs/services
  - States are “encouraged” (not mandated) to use set-aside to fund women’s services
  - GAO Report (1991) showed inconsistent implementation of set-aside across states

Findings from Studies of Specialized Substance Abuse Treatment for Women

- Treatment retention is greater:
  - In women-only programs or in programs with higher concentrations of pregnant/parenting women (Grella, 1999)
  - Longer retention is related to better post-treatment outcomes (Grella, Joshi, & Hser, 2000)
- Treatment outcomes (i.e., abstinence) are improved:
  - In residential programs with “live-in” accommodations for children (Hughes et al., 1995)
  - In outpatient programs that provide comprehensive services, e.g., case management, family/parenting services, mental health services, vocational services (Zlotnick et al., 1996; Brindis et al., 1997; Howell et al. 1999; Volpicelli et al., 2000)
**Meta Analysis of the Effectiveness of Women’s Substance Abuse Treatment Programs**

- 34 studies; 3 types of comparisons:
  - Treatment vs. no treatment
  - Women-only vs. mixed-gender treatment
  - Enhanced vs. standard treatment for women
- Positive treatment effects were found for:
  - Alcohol use, other drug use, criminal activity
  - Pregnancy outcomes, psychiatric problems
  - Psychological well-being, attitudes/beliefs, HIV risk reduction

*Source: Orwin, Francisco, & Bernichon, 2001*

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**Changes in Child Custody Status Among Participants in CSAT RWC/PPW Programs**

<table>
<thead>
<tr>
<th></th>
<th>Pre-treatment</th>
<th>Post-treatment*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has physical custody of 1 or more child</td>
<td>54%</td>
<td>75%</td>
</tr>
<tr>
<td>Has 1 or more child in foster care</td>
<td>28%</td>
<td>19%</td>
</tr>
<tr>
<td>Had 1 or more child removed by CPS</td>
<td>11%</td>
<td>47%**</td>
</tr>
</tbody>
</table>

*Time frame is 6 months following treatment discharge

**Time frame is ever**
Longer Treatment Retention is Associated with Better Outcomes in RWC/PPW Programs*

- Has custody of 1 or more child
  - < 90 days in treatment: 7%
  - ≥ 90 days in treatment: 16%

- Had 1 or more child removed by CPS
  - < 90 days in treatment: 7%
  - ≥ 90 days in treatment: 17%

- Living with AOD-involved spouse/partner
  - < 90 days in treatment: 9%
  - ≥ 90 days in treatment: 17%

*Time frame is 6 months following treatment discharge

Comparation of Pregnant Women in Substance Abuse Treatment by CWS Status

- Among pregnant women (N = 678) in SAT in a large, California county:
  - 46% were white, 24% were African American, 26% were Hispanic
  - 59% were under legal supervision
  - 50% = methamphetamine is primary drug; 22% = alcohol, 13% = cocaine/crack, 7% = heroin
  - 15% were involved with CPS

Source: Hohman, Shillington, & Barter, 2003
Comparison of Pregnant Women in Substance Abuse Treatment by CWS Status, Cont.

- Those involved with CPS were more likely to:
  - Report marijuana (14% vs. 6%), less likely to report cocaine/crack (5% vs. 14%) as primary drug
  - Be mandated to treatment (65% vs. 24%)
  - Be treated in day treatment (36% vs. 20%) rather than outpatient (28% vs. 43%)
  - Have an unsatisfactory treatment discharge (43% vs. 27%)

Source: Hohman, Shillington, & Barter, 2003

Options for Recovery: Collaborative Project for PPW in CA

- Collaboration among state agencies: AOD, CPS, health services, social services
- Comprehensive case management, residential and intensive outpatient treatment, perinatal medical care, foster care
- Key evaluation findings (1991-93):
  - 1/3 of participants mandated to treatment by CJS or CPS
  - Mandated participants had higher treatment completion vs. voluntary (28% vs. 16%)
  - Decreased involvement with CPS after treatment (59% to 32%)
  - Increases in children who lived with mothers (+4%) and reunified with families after foster placement (40%)
  - Decreased length of time children were in foster placement
  - Cost savings due to reductions in neonatal care, incarceration, and foster care

Source: Brindis, Clayson, & Berkowitz, 1994
Cost-Benefits of Specialized Substance Abuse Treatment for Women

- Higher costs due to more intensive services (primarily medical, mental health) and longer treatment duration
- Recent studies have shown greater benefit-to-cost ratios for pregnant/parenting women treated in:
  - Residential vs. outpatient programs (Daley et al., 2000)
  - Specialized vs. standard residential programs (French et al., 2002)
  - Multi-disciplinary comprehensive treatment program vs. medical treatment-as-usual (Svikis et al., 1997)

Summary of Substance Abuse Treatment Effectiveness Research

- Large-scale treatment effectiveness research shows reductions in AOD use and improvements in functioning post-treatment
- Outcomes for pregnant/parenting women and children are improved with longer time in treatment and more intensive services
- Women involved with child welfare present a different profile at intake; mixed findings on rates of treatment completion for clients mandated to treatment; few studies examine child custody/parental status outcomes
Service System Issues

- Access to treatment
- Service system co-ordination
- Treatment/intervention models

Pregnant and Parenting Women: Access to Substance Abuse Treatment

Drug Treatment

Criminal Justice System

Child Protective Services

Health Care Providers

Welfare
Major Policy Initiatives Have Influenced the Provision of Treatment to Women

- **Criminal justice**: changes in drug laws and sentencing policies have increased arrest and incarceration rates of women
- **Health services**: managed care and cost-containment initiatives have reduced length of stay in treatment and service intensity
- **Welfare reform**: mandated screening for AOD abuse and referral for treatment participation
- **Child welfare**: increased emphasis on screening and assessment and coordinated treatment

Structural Barriers to Treatment

- Level of impairment must be high to reach treatment through institutional channels
- Lack of treatment availability, particularly in residential programs with capacity for child “live-in” and outpatient programs that provide child care or family-related services
- Lack of co-ordination among substance abuse, health care, criminal justice, and child welfare systems
Parenting Capacity vs. Parenting Behavior of Substance-Abusing Women

- Addicted women have similar capacities for parenting compared with non-addicted women of similar circumstances:
  - Poverty
  - History of abuse and trauma
  - Psychological problems
- Addiction compromises parenting capacities
  - Preoccupation with use
  - Allocation of money and resources
  - Physical and mental health problems
  - Lack of structure and effective parental authority
- Interventions to strengthen parenting capacities

Model of Community-Based Care for Drug-Dependent Mothers and Children

Source: Haack, 1997
Combining Child Welfare and Substance Abuse Services: A Blended Model of Intervention

- Co-operative, interagency task force between child welfare and substance abuse services in Montgomery County, MD
- Framework: stages of change model (Prochaska & DiClemente, 1982) and motivational interventions (Miller & Rollnick, 1991) applied to organizational change
- Structured Response: blended intervention model using graduated sanctions or levels of intensity in providing services, engaging client participation, and engendering motivation; co-location of AOD staff
- 4 components:
  - Philosophy shift
  - Skills building
  - Standards and protocols for assessment, referral, and follow-up
  - Quality assurance in order to achieve treatment and service objectives within designated time frames

Source: McAlpine, Marshall, & Doran, 2001

Current “Hot” Topics in Substance Abuse Treatment Research

- Shift from focus on prenatal substance abuse and birth outcomes to the “caregiving environment” after birth
  - Abuse & neglect
  - Parenting behaviors, attitudes toward parental role
  - Passive exposure/child endangerment from drug labs
- Systems linkage: CPS, CJS, welfare, health services, mental health
  - Screening for AOD use across systems
  - Linkage and referral
  - Coordination of services
- Child placement outcomes in relation to treatment participation, compliance, and completion
Study of Child Placement Outcomes Among Substance-Involved Parents (N = 159) in Cook County

Placement Outcomes of Children* (N = 498)

- Reunification with birthparent: 14%
- Open case with return home goal: 8%
- Open case with permanency goal other than return home: 48%
- Closed case in placement other than return home: 20%

*Time frame is 21-30 months
Source: Smith, 2003

Predictors of Family Reunification Using Cox Regression Models

- Control Variables
  - Longer time case had been open, placement when child is < 1 year old, and poverty increased time-to-reunification (TTR)
  - Prior reunifications (RR = 1.9) and non-relative-only placement (vs. mixed) (RR = 2.9) reduced TTR
- Drug Use History
  - Substance-exposed infant (SEI) allegation reduced TTR (vs. other allegation) (RR = 2.4)
- Treatment Compliance
  - Drug dependent & completed treatment reduced TTR (vs. dependent and quit or no treatment (RR = 6.6)
- Ongoing Drug Use by Parent
  - Increased TTR (RR = .43)
Predictors of Family Reunification Using Cox Regression Models, Cont.

- Parenting Behavior
  - Subsequent SEI allegation or other allegation increased TTR (RRs = .38, .35)
  - Parenting scale = NS

Conclusion: Completing SAT substantially increased rate of reunification independent of ongoing drug use and indicators of high-risk parenting

Study Strengths: multiple data sources (client survey, case records), child & parent measures, multivariate model with control variables, standardized measures (DSM-III-R for dependence, AAPI, CAPI), intersection of substance abuse treatment and child welfare

Source: Smith, 2003

Intersection of Child Welfare and Substance Abuse Treatment Systems

- Child Welfare
  - Developmental needs of child; safety, permanency & well-being of child

- Substance Abuse Treatment
  - Recovery of substance-involved parent; health and social functioning of the parent

Goal of long-term “recovery” based on chronic disease model
Goal of timely resolution of case outcomes based on ASFA
Methodological Issues in Substance Abuse Treatment/Child Welfare Research

- Use of common assessments and definitions of problem severity (i.e., use, abuse, dependence)
- Outcomes
  - Definition (e.g., abstinence vs. decreased use)
  - Range (parent, child, family)
  - Source of info (i.e., self-report, drug tests, arrests, administrative records)
  - Time frame
- Limitations of pre/post research designs, need for controlled studies
- Study attrition due to cases lost to follow-up

Integration of Child Welfare and Substance Abuse Treatment: Future Treatment & Research Issues

- Dual focus on needs of parents (i.e., recovery) and children (i.e., safety, placement)
- Expand definition of “outcomes” to include family functioning
- Examine outcomes in relation to services needed (i.e., medical, parenting, legal, mental health) and received across service systems
- Expand time frame for evaluating outcomes
References


References, Cont.


