Substance Abuse & Child Welfare

Key Updates and Skills for the Front-Line Professional

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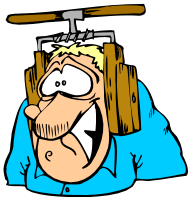
Overview

- **Death by statistics**: Prevalence, trends, and assorted key facts about substance abuse
- **Starting at the beginning**: Prenatal exposure
- **Moving on:** Substance abuse and children
- **Assessment and Treatment**: Understanding your options
- **Skills**: Making things happen

Key Points/Assumptions

- It's important to step back and look carefully at how we conceptualize and respond to substance abuse in child welfare
  - Facts are important, and should drive policy
  - The big picture is crucial
- The challenges are monumental, but there is still much that you can do

I. Death By Statistics



"There are three kinds of lies: Lies, damned lies, and statistics."

--Mark Twain

Statistics, Part 1: Definitions and Prevalence

Substance Use Disorders

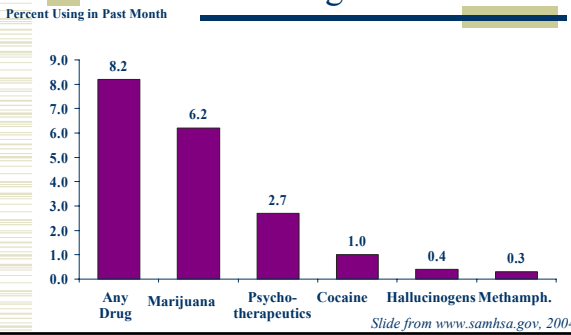
- Abuse: Recurrent and significant adverse consequences related to the repeated use of a substance or substances.
  - Repeated use despite legal problems, social/ interpersonal problems, hazardous use, or problems fulfilling role obligations.
- Dependence: The above, plus tolerance, withdrawal, and/or compulsive seeking of the substance.

Alcohol Use in 2003

- Any Use (past 30 days): 50% (119 million)
- Binge Use (≥ 5 drinks): 23% (54 million)
- Heavy Use (≥ 5, x 5): 7% (16 million)

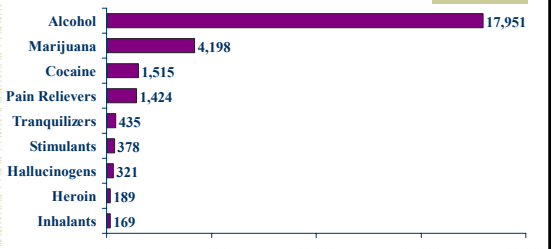
Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration, 2004

Use of Selected Illicit Drugs: 2003



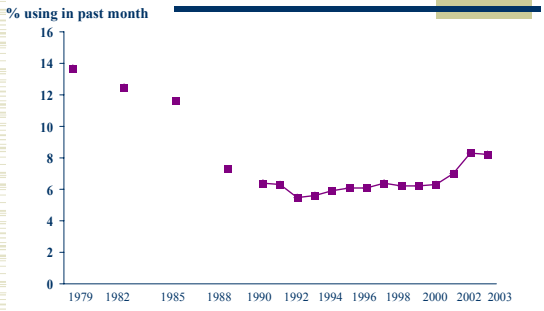
Slide from www.samhsa.gov, 2004

Dependence or Abuse of Specific Substances: 2003



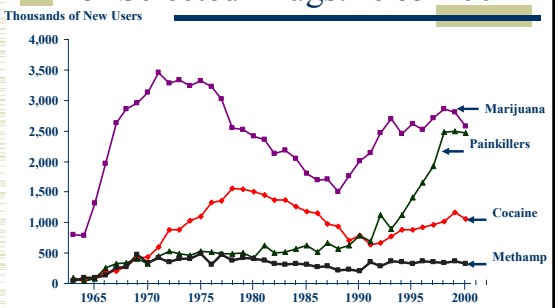
Adapted from NSDUH slide at www.samhsa.gov, 2004

Trends in Any Past Month Illicit Drug Use, 1979-2003



Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration, 2004

Annual Numbers of New Users of Selected Drugs: 1965-2002

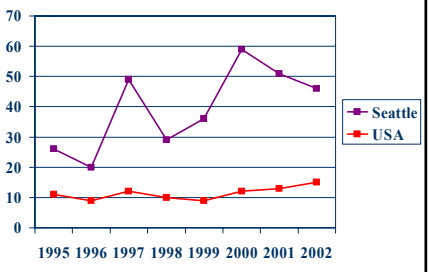


Adapted from NSDUH slide at www.samhsa.gov, 2004

Methamphetamine ER Mentions, Seattle M.A. & U.S., 1995-2002

ER Mentions per 100,000 persons

(Source: DAWN, U.S. SAMHSA)



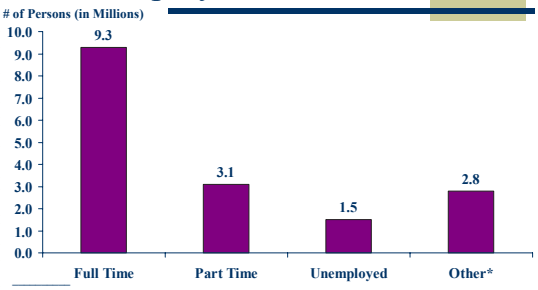
Statistics, Part 2: Substance Use Among Subgroups

Rate of Illicit Drug Use by Employment Status: 2003

*Retired person, disabled person, homemaker, student, or other person not in the labor force.

Adapted from slide at www.samhsa.gov, 2004

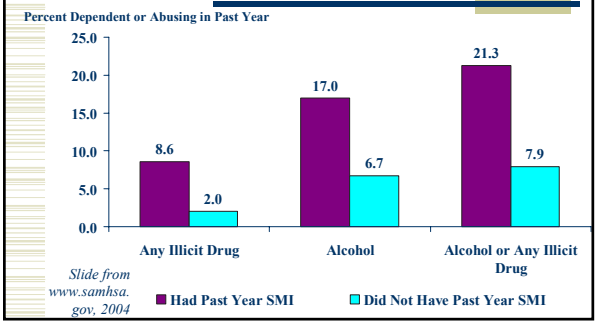
Number of Illicit Drug Users by Employment Status: 2003



*Retired person, disabled person, homemaker, student, or other person not in the labor force.

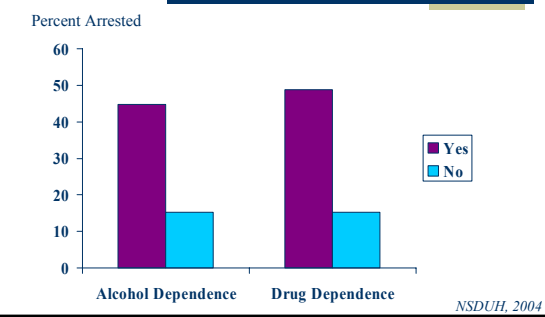
Adapted from slide from www.samhsa.gov, 2004

Substance Dependence or Abuse among Adults, by SMI: 2003



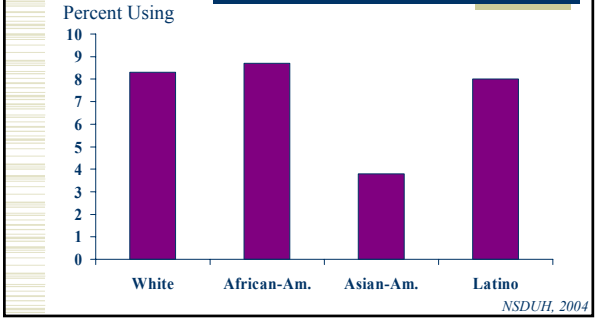
Slide from www.samhsa.gov, 2004

Likelihood of Arrest, by Substance Dependence: 2003



NSDUH, 2004

Past Month Illicit Drug Use by Race/Ethnicity



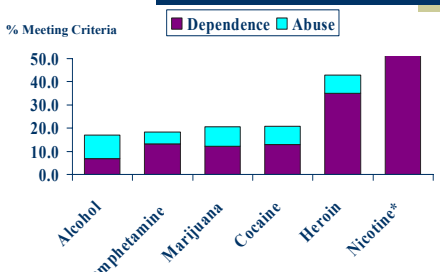
NSDUH, 2004

Statistics, Part 3: A Drug is a Drug is a…?

What Makes One Substance Worse Than Another?

- Addictiveness
  - How many users have a substance use disorder?
  - How much use is "safe"?
- Toxicity
- Treatability
- Social factors

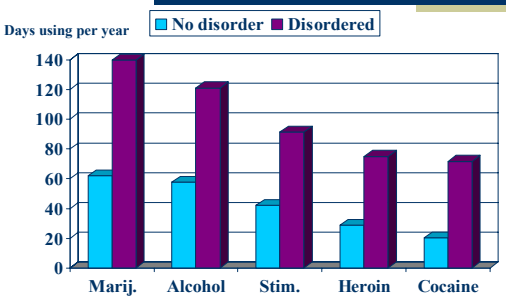
Prevalence of Dependence or Abuse Among Past Year Users, by Drug



NSDUH, 2004

**Nicotine data are for users in past 30 days*

Average Days Using Per Year: With and Without Disorder (Users Only)



NSDUH, 2004

Toxicity

- Most health problems are associated with substance abuse occur during use, and don't necessarily continue after recovery
  - For example, infections associated with use, cardiac abnormalities, etc.
  - Exceptions include arthritis in heroin users, cognitive and liver problems in alcohol users, and lung and memory problems in marijuana users
- Methamphetamine and inhalants, however, are the most toxic drugs of abuse.

Methamphetamines and Brain Damage

- Clear evidence that high-dose methamphetmaine use causes lasting changes in the brain
  - Neurochemical, imaging, and neuropsych analyses
  - Reaction time, working memory, distractibility
  - Not all cognitive tests show impairment
- Big question: is there recovery?

C.E. Johanson et al., Under Review

- Two studies of methamphetamine users now abstinent for 3-5 years, and matched controls
  - PET scans
  - Neuropsychological testing
- Results: Depending on outcome, there were either no or small differences between abstinent users and controls

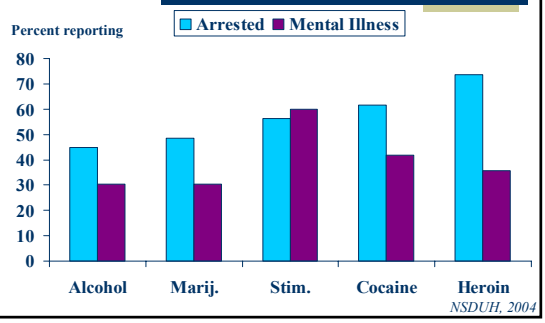
Treatability of Various Substances

- The toughest one to kick is…
- All else seem roughly equivalent

Social Factors

- Drugs traditionally considered "hard" are clearly associated with elevated rates of exposure to violence, infections, etc.
- Generally not clear how each of these compare to each other…

Frequency of Dependence Correlates: Arrests & Mental Illness



NSDUH, 2004

Discussion: Is One Worse Than Another?

- Should marijuana be considered a "soft" drug?
- What might be a good way to summarize what we know about "hard" vs. "soft" substances of abuse?

Summary and Quiz…

- What, if any, common presuppositions are contradicted by these data?
- What do these data suggest, if anything, about how we should think about substance abuse in child welfare?

II. Prenatal Substance Exposure

How Can We Respond Appropriately?

Overview

- How should we respond to prenatal exposure?
  - How others are responding
  - The latest research on prenatal drug exposure
  - The risk of prenatal drug exposure compared to that of other exposures
  - Other issues to consider
- Discussion and recommendations

Part 1: It Ain't Easy

Threats to Children's Welfare

- Physical abuse
- Sexual abuse
- Neglect (all types…)
- Violence exposure
- Poverty
- Inadequate schools
- Prenatal exposures: drugs, alcohol,
- Poor diet or exercise
- Parental factors often below the legal threshold
  - Mental illness, drug or alcohol abuse
  - Marital conflict
  - Excessive/inappropriate TV, etc.
- Environmental threats
- Accidental injury

Possible Responses to These Threats

- Education/awareness campaigns
- School-based prevention
- Home visitation (universal, selective, indicated)
- Mental health and substance abuse treatment
- Mentoring programs
- Community programs
- Legislative efforts (e.g., sin taxes, welfare, seatbelt laws)
- Police efforts (e.g., alcohol-related roadblocks)
- CPS (all levels)
- Criminal court

Issues Considered in Matching Threats to Responses

- Relative harm
- Moral issues
- Prevalence of the threat
- Likelihood of success for various options
- Side-effects of the response
- Cost-benefit ratio (need to reserve strongest response for cases where it is most needed)
- Proportion of at-risk children reached

A "Perfect" Match: CPS & Physical Abuse

- Relative harm is high
- Moral outrage is nearly universal
- Affects less than 1% of all children (NIS-III)
- CPS can rapidly increase a given child's safety
- A relatively high proportion of affected children are reached
- Cost and other side-effects are well justified

Another "Perfect" Match: Smoking & Selective Prevention

- Relative harm is lower, both pre- and postnatally
- Moral concerns are present, but muted
- Prevalence is high: 26% of adults smoke cigarettes
- Most affected children and their caregivers can be reached using public health methods
- The cost and consequences of stronger responses may not be justified by their added benefit, if any

Is There a Perfect Match for Prenatal Drug Exposure?

(No)

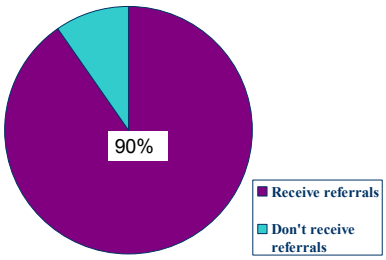
Part 2: Examining Responses in the United States

Ondersma et al., *CAN*, 2001

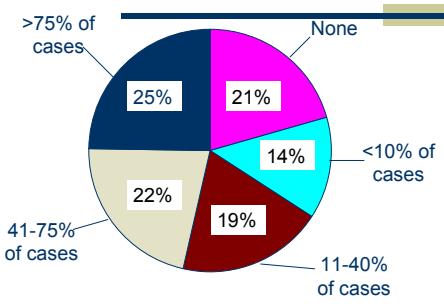
Child Welfare Intake supervisors from:

- Urban Counties:
  - Two of three largest counties in each state
  - Exceptions replaced by Census region
  - Total N = 100
- Rural Counties:
  - Random selection of two counties with population between 10,000 and 100,000
  - Exceptions: CT, HI, MA, RI
  - Total N = 100

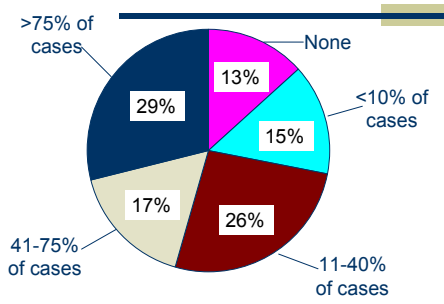
Percent of Counties Receiving Referrals



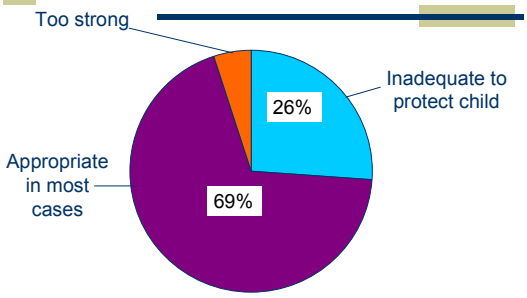
% Cases Juvenile Charges Filed
(Among Counties Receiving Referrals)



% Infants Removed--Cocaine
(Among Counties Receiving Referrals)



Opinion of County Practice



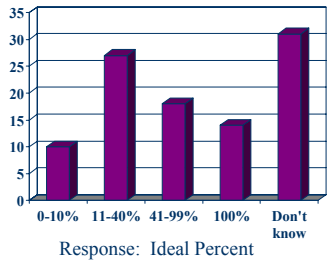
Nationwide Survey of DA's

- Participants: Criminal District Attorneys randomly selected from urban, urban fringe, and rural counties, 4 per state
- The DA most familiar with prenatal drug exposure policy or practice identified
- *N* = 200

Opinion: How Damaging Are Various Exposures? (1-7)

- Prenatal exposure to illicit drugs: 6.14
- Postnatal exposure to drugs: 6.02
- Prenatal exposure to alcohol: 5.89
- Prenatal exposure to tobacco: 4.48

What % Of Perinatal Drug Users Should Be Prosecuted Criminally?



Response: Ideal Percent

Part 3: Examining Harm from an Historical Perspective

The Prehistorical Period

- Concern regarding alcohol exposure first noted in 1973, with limited public reaction
- Prior to the mid 1980's, drug exposure received little attention among the scientific and lay communities

The Early Period

- Mid 1980's (Reagan years): growing concern regarding illicit drug use in America, particularly crack cocaine
- Research suggesting significant deleterious effects of crack cocaine exposure emerges

Early Period: The Media Responds

- Public fear and outrage regarding illicit drugs galvanizes around the "crack baby" image
- This media portrayal burns lasting images into the minds of the public

The Courts Respond in Turn…

- Criminal prosecution for cocaine use during pregnancy is the first reaction in many states (Ondersma & Tatum, 2001)
- 1989: A hospital in South Carolina begins testing women, without their consent, and sending results to the police; 29 of 30 were African-American
- …this eventually leads to U.S. Supreme Court decision in Ferguson v. City of Charleston

Middle Period: The Backlash

- 1993: Growing skepticism among scientific community culminates in a 1993 special section in *Neurotoxicology & Teratology*
- Most researchers assert that the effects of prenatal exposure to drugs have been greatly misunderstood, and emphasize need for appropriately controlled research

Current Period: Ostrea, Ostrea, & Simpson, *Pediatrics*, 1997

- Meconium screening of 2,964 infants at Hutzel Hospital in Detroit, MI
- Data cross-checked with death registry at age 2
- No association between drug exposure status (of any type) and mortality

Lester et al., *Science*, 1998

- Meta-analysis suggests that prenatal cocaine exposure is associated with an IQ deficit of approximately 3.26 points
- This very small decrease, due to the increased number of children falling below 70, is estimated to lead to approximately $350 million annually in additional costs.

Frank et al., *JAMA*, 2001

- Performed a systematic review of all studies of prenatal cocaine exposure meeting criteria for rigor
- Excluded studies in which a substantial portion of children were also exposed to opiates, amphetamines, or PCP

Frank et al., *JAMA*, 2001

Of Studies Controlling for Tobacco:

Outcome Type	Effect	No effect
Growth	0	2
Cognitive ability	1	7
Language	0	1
Motor skills	2	2
Behavior	8	7

Maternal Lifestyles Study

- Large, multisite, prospective, masked study of prenatal cocaine exposure funded by NICHD, NIDA, ACYF, and CSAT
- Designed around the reality that cocaine is a marker for other drugs of abuse and compromised caregiving

Lester et al., *Pediatrics*, 2002

- Total of 1,388 infants (658 exposed infants and 730 comparison) evaluated at one month of age
- Cocaine exposed vs. unexposed: significant differences on 2 of 26 areas (arousal and regulation)
- Opiate exposed vs. unexposed: significant differences on 1 of 26 areas (hyperphonated cry)

Singer et al., *JAMA* 2002

- Longitudinal, prospective, masked study of 218 cocaine-exposed and 197 unexposed infants at age 2
- All infants identified via hospital screening measures
- Significant cognitive delay twice as likely in cocaine-exposed children; no motor delay

Frank et al., *Pediatrics*, 2002

- Prospective, longitudinal, masked study of prenatal cocaine exposure in 203 infants: unexposed, exposed, and heavy exposure.
- No differences were found for cocaine-exposed children at any level of exposure, in either cognitive or motor skills.

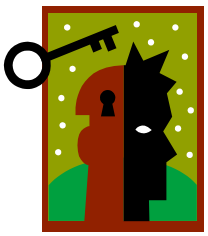
Seifer et al., *Child Development*, 2004

- Examined attachment status in 732 drug-exposed infants at 18 and 36 months
- Overall, no meaningful findings
  - Small effect for infants exposed to both cocaine and opiates at 18 months
  - Postnatal alcohol use predicted slightly worse attachment at 18 but not 36 months

Methamphetamines

- Very few studies are available, most of which involve animals
- Results with animals replicate those with opiates, cocaine, and other drugs: inconsistent, but some deficits are nearly always present at sufficient doses
- Smith et al., 2003, *J Dev Beh Peds*: No differences in birthweight between meth-exposed and not exposed human infants

Part 4: Harm in the Context of Other Prenatal Risks



Prenatal Alcohol Exposure

- Alcohol presents more risk to the fetus than any other drug of abuse
- Risks associated with prenatal alcohol exposure include:
  - Intrauterine growth deficiency
  - Facial dysmorphology
  - CNS damage, including developmental delay (severe to undetectable), hyperactivity, and attention deficits

Alcohol: Baer et al., *Arch Gen Psychiatry*, 2003

- Study of 21-year old children of pregnant women evaluated between 1974 and 1975, N = 433
- Prenatal exposure to alcohol associated with increases in alcohol problems (14.1% versus 4.5%) and heavy drinking (11.7% versus 6.9%)

Prenatal Tobacco Exposure

- Dose-dependent effects on:
  - Birthweight and mortality
  - IQ, especially verbal ability
  - Behavior, especially conduct disorder in boys
  - Lung function, especially in children with asthma
- For example, see Ness et al., *NEJM*, 1999
  - Cocaine use: odds increase for miscarriage = 1.4
  - Tobacco use: odds increase for miscarriage = 1.8

Relative Harm

- Tobacco and alcohol use during pregnancy is far more common. Among pregnant women:
  - 5.5% have used any illicit drug
  - 18.8% have used alcohol
  - 20.4 % have smoked cigarettes
- Thus, tobacco and especially alcohol are more likely to cause harm than illicit drugs

Lead

- Prenatal and postnatal exposure to lead is clearly associated with cognitive and other impairments
- Recent research (Canfield et al., *NEJM*, 2003) reported IQ decrements of 7.4 points **before** blood lead levels reached the official cutoff

Other Prenatal Factors

- Nutrition
- Prenatal Care
- Folic Acid
- Medications
- Violence: physical violence during pregnancy is associated 3 times the risk of hemorrhage or growth restriction, and 8 times the risk of death (Janssen et al., *Am J Obstet Gynecol*, 2003)

Part 5: Other Issues to Consider

Prevalence

- 2.8 million children have a parent who is dependent on drugs (7.5 million including alcohol)
- At least 5.5% of births are drug-exposed
- We "catch" only a fraction of all cases of prenatal drug exposure

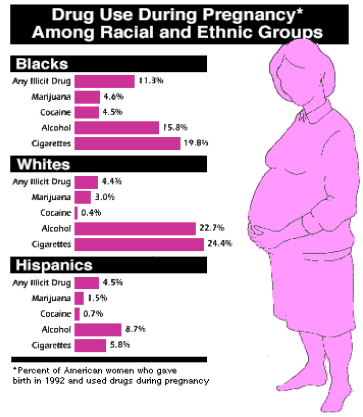
Side Effects

- Strong responses always have side effects; this in itself does not preclude such responses
- Strong responses to prenatal drug exposure have unique additional side effects:
  - Treatment avoidance
  - Hospital shopping
  - Reduction of honesty with medical staff
  - Labeling of children

Screening Issues: Fairness Chasnoff et al., *NEJM*, 1990

- Rates of illicit drug use similar in African-American vs. white, public vs. private
- African-American and poor women reported to authorities at ten times the rate of white women

National Pregnancy & Health Survey, DHHS, 1996



Relative Focus on Cocaine: Medline Results, March 2005

Prenatal & Alcohol	2,229
Prenatal & Cocaine	1,115
Prenatal & Tobacco	637
Prenatal & Marijuana	233
Prenatal & Amphetamines	160
Prenatal & Opiates	136

Summary of Prenatal Exposure Research

The Importance of Dosage

THE DOSE IS THE POISON

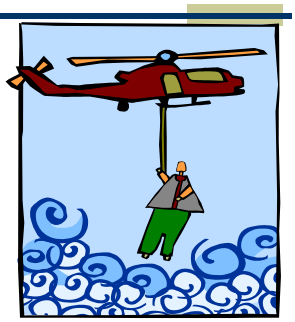
(aka everything is toxic)

Summary of Drug Effects

- Negative effects are clear when all drugs of abuse are considered together
- Negative effects of single drugs (of any type) are less clear, & depend on a number of factors
- These negative effects are comparable in magnitude to those of tobacco and less than those of alcohol

Applications to Child Welfare

Three Suggestions



#1: See It In Context

- Prenatal exposure to illicit drugs is only one of many prenatal risk factors
  - Inadequate nutrition (caloric intake, folic acid, etc.)
  - Lack of prenatal care
  - Alcohol and tobacco
  - Environmental toxins
  - Natural genetic variability

See It In Context (Cont.)

- Drug use is also only one of many postnatal risk factors
  - Poverty, homelessness
  - Mental illness, social support, IQ
  - Exposure to violence
  - Poor physical health, disabilities
- Postnatal substance abuse, which **may** be #2 in importance of all of these

Why Not Simply Err on the Conservative Side?

- We can only utilize the strongest responses with a limited number of cases. Thus, choosing to use the strongest response in one case means not using it in another case.
- Responding too strongly can put our credibility, funding, and long-term ability to protect children at risk. (Remember the sexual abuse backlash.)

#2: Map it Out

- Relative harm
- Moral concerns
- Prevalence of the threat
- Likelihood of success for various options
- Side-effects of the response
- Cost-benefit ratio (need to reserve strongest response for cases where it is most needed)
- Proportion of at-risk children reached

#3: Focus Your Attention on the Postnatal Environment

- The risk that postnatal substance abuse presents is much more clear
- Thinking in this way is more consistent with how we work with other risks

Web Resources

- "Substance use during pregnancy: Time for policy to catch up with research," Lester et al., *Harm Reduction Journal*, 2004. (*www.harmreductionjournal.com)*
- "No Safe Haven" *(www.casacolumbia.org)* Columbia Center on Addiction and Substance Abuse (CASA) report, 1999

Resources Only In Print

- Substance Abuse, Family Violence, and Child Welfare: Bridging Perspectives. Hampton, R.L., Senatore, V., & Gullotta, T.P. (Eds.). (1998). Thousand Oaks, CA: Sage.
- Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy. Young, N.K., Gardner, S.L., & Dennis, K. (1998). Washington, D.C.: Child Welfare League of America Press.

Greenwood (R-Pa) Amendment

- States must have policies and procedures for addressing infants "born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure."
- Hospitals must notify CPS regarding exposed infants
- A plan of care for mother and infant is required, **including** referral for the infant to early intervention services funded under Part C of the Individuals with Disabilities Education Act, for evaluation

Greenwood Amendment, Cont.

"Such notification shall not be construed to:

- Establish a definition under Federal law of what constitutes child abuse; or
- Require prosecution for any illegal action"

III. Substance Abuse, Parents, and Children (Birth to 18)

1. Prevalence and Risks

Substance Abuse by Parents

- In 1996, 7.5 million children (10% of all children) had one or more parents with a substance use disorder (Huang, Cerbone, & Grfoerer, 1998)
- 16.1% of persons with substance abuse or dependence currently live with one or more of their children

Direct Substance Effects

- Distraction; priority is substance, not child
- Periods of intoxication
- Periods of withdrawal or "crash"
- Close association with criminal elements
- Effects on parental health, mental health, finances, safety, and availability

Literature Review: Relationship Between SUD and Maltreatment

- Parent-Child Interactions
- Financial problems
- Domestic violence
- Decreased parental availability
- Parental Illness--Mental and Physical
- Legal problems/criminality
- Limited ability to cope with at-risk infants

Bays, J. (1990), Pediatric Clinics of North America, 37

Clear Evidence of Consequences

- Approximately 40% of the 1.2 million annual confirmed cases of CAN involve substance use (Prevent Child Abuse America, 1996)
- Alcohol use was the single strongest predictor of maltreatment in a 4-year prospective study using a high-risk sample (Kotch et al., 1999)
- Substance abuse increases the risk of abuse or neglect threefold (Chaffin et al., 1996)

Substance Abuse & Reentry/Recurrence

- Substance abuse was a key reentry correlate identified in a study of over 1,500 reunited children (Terling, 1999)
- Child maltreatment re-reports are approximately twice as likely in families with substance abuse problems (Wolock & Magura, 1996)

Substance Abuse Vs. Other Risk Factors

- Poverty (especially receipt of public assistance) stands out among a long list of possible risk factors
  - Maltreatment 22 times more likely in families with incomes < $15,000 vs. those with incomes of > $30,000 (NIS-III; NCCAN, 1996)
  - Receipt of public assistance associated with odds ratio of >11 for inclusion in maltreatment group, in a 17-year longitudinal study (Brown et al., 1998)
- However, the majority of low-income parents (> 90%) do not maltreat their children (NCCAN, 1996)

Ondersma, 2002, *American Journal of Orthopsychiatry*

- Wide range of known risks for child maltreatment:
  - Depression
  - Substance abuse
  - Social support
  - Stress (negative life events)
- None compared in terms of relative importance, particularly ***within*** a low-SES population

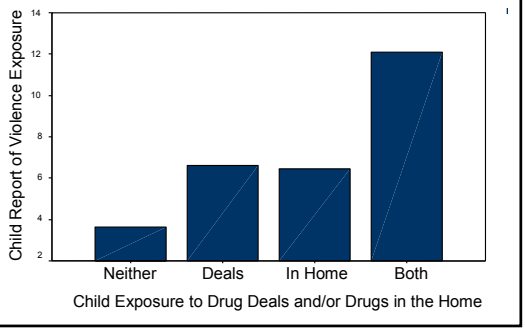
Factors Raising the Odds of Neglect

Variable	Odds Ratio
Caregiver educational level	.53
Negative life events	2.0
Index of family substance abuse	18.4

Ondersma, Delaney-Black, Covington, Nordstrom, & Sokol, 2003

- Goal was to explore possible predictors of child report of violence exposure using:
  - Large sample (407 African-American caregivers and their 6-7 year-old children)
  - Police records analyzed at census tract level
  - Broad range of potential correlates, using ecological conceptualization
- Variables were included to represent child, parent, home, neighborhood, and substance abuse domains

Drug Witnessing as a Correlate of Violence Exposure



Parental Substance Abuse and Other Child Outcomes

- Drug use initiation and early/heavy alcohol use (Kilpatrick et al., 2000; Li et al., 2002; Reinherz et al., 2000)
- Learning outcomes (Ornoy et al., 1996)
- Behavioral problems (Chatterji & Markowitz, 2001)

2. Challenges in Responding to Substance Abuse in Child Welfare

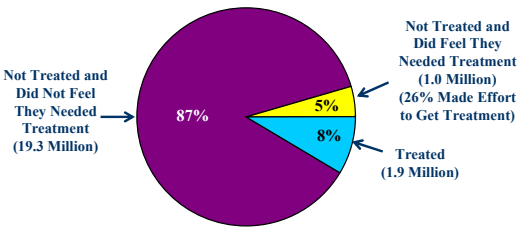
Sheer Prevalence

- Substance abuse is widespread in child protection samples
  - Varies with point in CPS process studied
  - Also with definition of abuse and source of data
- One-third of reported cases (ACF, 1999) and over two-thirds of foster care cases have clear substance abuse involvement (GAO, 1998)

Motivation

- Parents in general have lower rates of abuse/dependence than other groups
- Parenting is an ideal "hook" for initiating change and/or treatment involvement
- However…

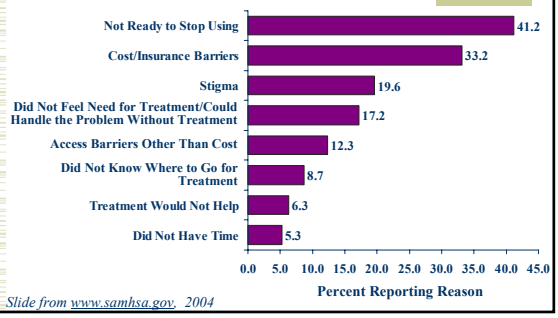
Perceived Need for Treatment Among Persons with Substance Use Disorders: 2003



22.2 Million Needing Treatment for Illicit Drugs or Alcohol

NSDUH, 2004

Reasons for Not Receiving Treatment Among Persons with Substance Use Disorders: 2003



Slide from www.samhsa.gov, 2004

Percent of Persons Needing But Not Receiving Treatment, 2000

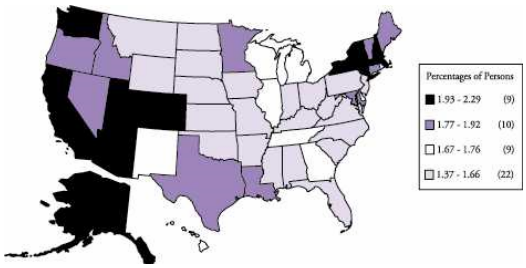


Figure from www.ncsl.org, 2002

Difficulty Knowing What's Really Happening

- At any given moment, many parents will be using (or trying to), and others will be clean (or trying to be; some DO succeed)
- No effective way of knowing the difference
  - Drug tests are insufficiently random and have a short window
  - Tests for alcohol use have a VERY short window

Dual Role Problems

- Child welfare workers have both therapeutic and evaluative responsibilities
- These roles conflict with each other
  - Further reduces openness
  - Reduces effectiveness in both roles
  - Contributes to mistrust on the part of parents

How Much Time To Change? Two Clocks:

- Clock of child development--all children need stable and secure caregivers immediately.
- Clock of addiction—most persons who do achieve long-term sobriety do so after a long period of cycling relapses

Multiple Risks Present

- Mental illness, criminal behavior, domestic violence, and health problems are more common among parents with substance-use disorders
- How much change can we reasonably expect? Is it better to focus on multiple problems, or just one?

Communication and Coordination

- Child Welfare and Substance Abuse Treatment Agencies, to varying degrees, are insufficiently integrated
- Cross-training, also to varying degrees, is inadequate

Integrating Two Fields
Differing Perspectives and Goals...

- Child Welfare
  - Client is child
  - Goal is child safety
  - Substance abuse is voluntary
  - Relapse leads to restricted access to child
  - Time is strictly limited
- Substance Abuse
  - Client is the addict
  - Goal is abstinence
  - Addicts are powerless over their addiction
  - Relapse leads to renewed treatment
  - Treatment is lifelong

Feig, L., 1998.

Funding for Treatment

Average Annual Increases in State Spending, 1987-1997

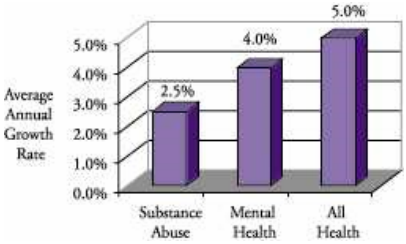
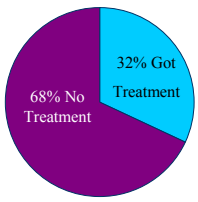


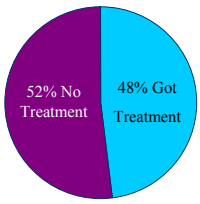
Figure from www.ncsl.org, 2002

Lack of Woman/ Mother-Centered Treatment

Mothers with problem use

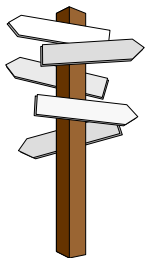


Fathers with problem use



Source: OAS, 1997

3. Substance Abuse & Foster Care



Prevalence of Substance Abuse Problems in Foster Care

- In California and Illinois (25% of children in foster care), approximately 70% of parents with children in foster care had substance abuse problems
- These parents' substance abuse tended to be more long-standing and severe than in other child protection samples

Drug of Choice, Parents of Children in Foster Care, Illinois: 1998

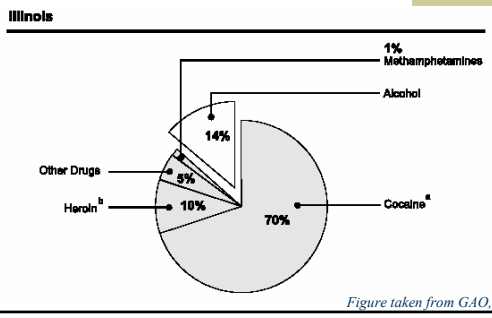


Figure taken from GAO, 1998

Same Data for California, 1998

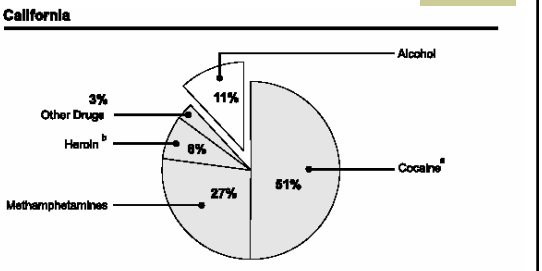
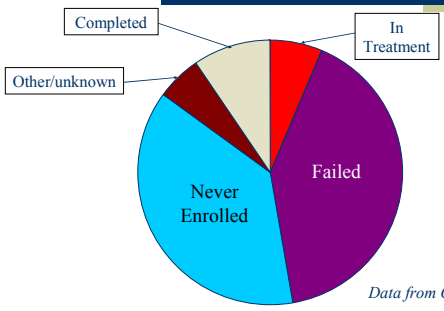


Figure taken from GAO, 1998

Treatment Status for Parents in Foster Care, CA and IL, 1998



Data from OAS, 1998

Obstacles to Adoption

- Relatives are often hesitant
  - Financial disincentives for adoption
  - Family members may fear anger from parent toward family if rights are terminated
  - Family members often wish to maintain the possibility of reunification as leverage over the parent
- Health problems of the child, including prenatal exposure
- Difficulty finding fathers

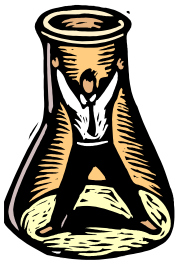
Parents can Capitalize on Lack of Clarity

- Parents enter treatment and/or clean up just before hearings
- As noted, insufficient randomness of urine drug tests may allow parents to use without detection
- Parents, particularly fathers, may be more difficult to identify (but may be identified just before efforts to terminate rights)

Web Resources

- National Clearinghouse on Alcohol and Drug Information (NCADI): *www.health.org*
- "No Safe Haven" *(www.casacolumbia.org)* Columbia Center on Addiction and Substance Abuse (CASA) report, 1999
- "Blending Perspectives and Building Common Ground" *(http://www.acf.dhhs.gov/programs/cb/)*, Children's Bureau, 1999
- "Agencies Face Challenges Securing Stable Homes for Children of Substance Abusers" GAO, 1998, www.gao.gov/archive/1998/he98182.pdf

IV. Assessment and Treatment



1. A Brief Assessment Primer

Focus on Consequences More than on Use

- Consequences are a much better indicator of disordered use, and thus of risk to children
- Many typical items are more likely to be endorsed honestly than are frequency items
  - Has a friend or family member ever expressed concern about your drinking or drug use?
  - Have you ever thought that you should quit or cut down?

Have a Standard Intro

- Major obstacle: strong disincentive to be open regarding substance abuse.
- One approach that may help:
  - "Most parents are angry, scared, and upset, and it's natural to be defensive. It's also true that I report everything to the Court. However, my first goal is to help, and parents who manage to be open about problems—especially if they are open before getting caught at something—are usually the ones who get help and do well."

Other Assessment Tips

- Ask directly using open-ended questions
- Establish what a "drink" is to them
- With drugs, focus more on using days

Good Screeners to Consider

- TWEAK
- CAGE
- AUDIT (Alcohol Use Disorders Identification Test); 8 or more = +
- DAST (Drug Abuse Screening Test); no copy, easy to find on web (see Project Cork)

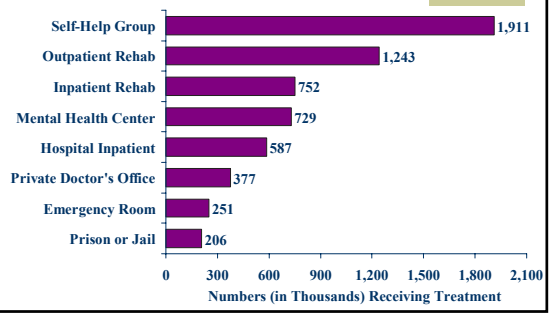
The ASSIST (by the World Health Organization)

- Alcohol, Smoking, & Substance Involvement Screening Test (ASSIST)
  - *http://www.who.int/substance_abuse/activities/assist/en/*
  - The only brief screener to evaluate all substances of abuse
- Includes screener, guidebook, self-help guide, and brief intervention manual

2. What to Know About Treatment: Options, Efficacy, Principles

Slide from www.samhsa.gov, 2004

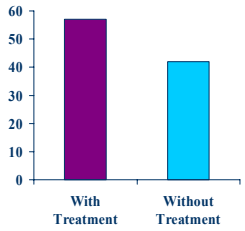
Locations Where Past Year Substance Treatment Was Received in 2003



Does Treatment Actually Help?

- Short answer: Yes!
- Some are more helpful than others
  - Cognitive-behavioral
  - Motivational
  - Behavioral
- 12-step approaches ARE beneficial, if…

% Succeeding With/Without Treatment



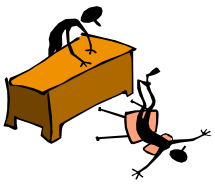
Data from Prendergast et al., DAD 2002

Twelve-Step Self-Help

- For alcohol, 12-step groups appear to be beneficial
- For drug use, mere attendance at 12-step groups may not be helpful, but active participation is (Weiss et al., *DAD* 2005)
  - Participation = speaking, performing duties (e.g., making coffee), talking with a sponsor outside of a meeting, reading 12-step literature, or working on a step ("consistent" = average of 2.2 activities per week).
- Involvement in 12-step based counseling is also clearly beneficial (Weiss et al., 2005; Project MATCH)
  - BUT: Highly confrontational Therapeutic Communities are less helpful (Prendergast et al., 2002)
  - Confrontation may itself lead to increased use in many clients

Brief Interventions

- Brief interventions (as short as 1-4 sessions) work as well as much longer interventions…!
- How could this be?



Meta-Analysis: Effect Sizes, Brief Interventions for Alcohol Use Disorders

	≤ 3 months	3-6 months	6-12 months	≥ 12 months
Brief vs. nothing	.67	.16	.26	.20
*Brief vs. extended	-.03	.17	.03	.01

*(*Positive values = advantage for extended treatment; Moyer et al., 2002, Addiction)*

Meta-Analysis of Brief Motivational Interviewing (Burke et al., 2003)

Problem area	Effect size (*d*) vs. no Tx	Effect size (*d*) vs. active Tx
Alcohol (frequency)	.25	.09
Alcohol (peak blood alcohol content)	.53	---
Drug Use	.56	-.01

(Burke et al., 2003, Journal of Consulting and Clinical Psychology)

Natural Change/Self Change

- Approximately 75% of persons who do change an addiction do so on their own *(Sobell et al., 2000).*
- In contrast, less than half of clients who enter treatment complete that treatment *(Simpson et al., 1997).*

Principles of Effective Treatment

1. No single treatment is best for all
2. Treatment needs to be readily available
3. Treatment should address multiple needs

Adapted from Principles of Effective Treatment, NIDA, 1999

Principles of Effective Treatment

4. Don't forget about medications
   - Methadone or Buprenorphine for opiate dependence
   - Acamprosate and Naltrexone for alcohol dependence
     - Better in combination
     - Best with highly motivated clients

Adapted from Principles of Effective Treatment, NIDA, 1999

Principles of Effective Treatment

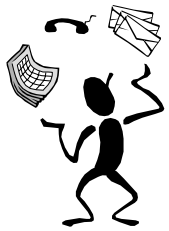
5. Evaluate and treat mental illness in an integrated manner
6. Coerced treatment is as effective as voluntary treatment
7. Expect multiple rounds of relapse and recovery

Adapted from Principles of Effective Treatment, NIDA, 1999

Web Resources

- Substance Abuse and Mental Health Services Administration (SAMHSA)
  - *Center on Substance Abuse Treatment (especially TIPS)*
  - *Center on Substance Abuse Prevention*
- NIDA (www.drugabuse.gov)
  - Principles of Effective Treatment
  - Research Report Series (on specific substances)

V. Key Skills for the Child Welfare Professional



1. Integrating the Child Welfare and Substance Abuse Fields

Coordination

- Systems-level. Establish regular meetings involving directors of substance abuse, child protection, public health, and community mental health.
- Case-level. Establish regular meetings regarding specific families involving, at a minimum, substance abuse and child protection.

Dealing With Conflicting Values

- Establish a constitution. Compromise on a set of specific principles that all agree to abide by
- Seek a shared budget. Subcontract, create a new cross-disciplinary unit, etc.
- Cross-train. Have professionals from different disciplines share training

Adopt a Shared Approach

- Focus on behavior. For the purposes of evaluation, weigh behavior rather than sincerity.
- Stay focused. Stick to the treatment plan and beware of "mission creep."
- Remain aligned. Always convey respect for professional partners, saving disagreements for meetings.

Evaluating Behavior: Options

- In the end, compliance with a treatment plan may be the best evidence of sobriety that we have (and it ain't all bad)
- Creative (but expensive) options:
  - Sweat patch
  - Hair
  - Surprise visits

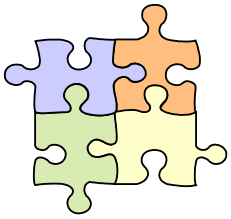
Two Approaches to Avoid

- Overly Tough
  - Express mistrust & skepticism
  - Assume the worst
  - Utilize confrontation
  - Try to "catch" the parent
  - Substance abuse treatment takes priority
- Overly Supportive
  - Base decisions on sincerity of presentation
  - Make allowances
  - Do as much as possible for the parent
  - Social needs take priority

A Recommended Approach

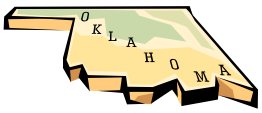
- Base assessments of progress on behavior, not on perceived sincerity
- Express optimism, respect, and trust
- Facilitate treatment without hesitation
- Have policy in place to guide decisions regarding helping

2. Examples of Integration



Oklahoma Infant Parenting Program (IPP)

- Federally-funded demonstration project
- Designed around needs of drug-exposed infants and their mothers



Oklahoma IPP (Cont.)

- Two primary facets:
  - Coordinated team approach, especially child welfare, child psychology, home visiting, and substance abuse
  - One-stop shopping, with majority of services available at a single site
- Strict time limits are enforced by the program (court not bound by these limits)

Oklahoma IPP (Cont.)

- Regular, random urine drug screens are an important component of the program
- Program 'graduates' are used as peer mentors
- Adjunct services available on-site include psychiatry, family planning, and domestic violence

Oklahoma IPP and Triage

- Triage is a procedure utilized when needs exceed available resources
- Involves sorting individuals into 3 groups based on risk AND preparedness:
  - Likely to succeed with or without intervention
  - Likely to fail, even with intervention
  - Likely to fail without intervention, but a good chance to succeed with intervention

Illinois Expansion Initiative

- State-level coordination between child welfare and substance abuse agencies
- Designed by a joint steering committee

Illinois Initiative (Cont.)

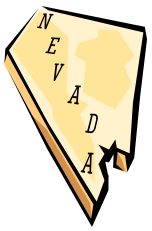
- Begins with a screener they developed
- Interesting additional approach to detection:
  - Poor hygiene
  - Track marks
  - Child report of hangovers, use, etc.
  - Criminal record regarding substance abuse
- Any indications lead to referral for full eval

Illinois Initiative (Cont.)

- Treatment, if indicated, is mandated to begin within 3 days
- Cross-training is major component
- Substance abuse counselors do home outreach
- Parenting classes and visitation can occur at substance abuse treatment centers

Reno Family Drug Court

- Federal demonstration project
- Court-driven
- Focuses on substance-abusing parents of foster children, especially methamphetamine abuse



Reno Family Drug Court (Cont.)

- Collaborators: Court, child welfare, substance abuse agencies, public assistance agencies, corrections, & a private foundation
- Parents are accepted in to program within 72 hours of removal, if sufficiently motivated and willing to allow full information sharing

Reno Family Drug Court (Cont.)

- Treatment is either intensive outpatient or minimum 3 month residential, followed by halfway house
- Includes an "integrated service" case manager who facilitates coordination

Reno Family Drug Court (Cont.)

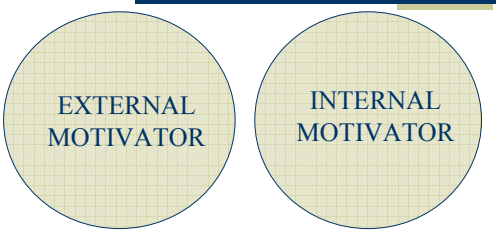
- Court meets biweekly, with team including treatment providers, prosecutor, defense atty, caseworker, judge, and a CASA worker
- Participation in treatment is reviewed, as well as random drug screen information
  - Consequences include brief jail time or community service
  - Praise for progress is emphasized

Model Programs: Summary

- Have a strong emphasis on integration with substance abuse treatment agencies
- Seek better information regarding progress, and swifter, clearer consequences
- Usually include concurrent planning
- Are also pursuing open, subsidized adoption by relatives

3. Balancing Dual Roles

Two Motivators



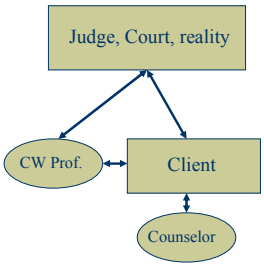
Parents need both, but it's hard to take on both roles successfully. How can you juggle this challenge?

Tips for the Balancing Act

- Clarify your role early and often
- Consider letting clients see your reports (burden could be on them, e.g., they can see you 24 hours before each court date)
- For treatment professionals, consider reporting attendance only

Alignment Possibilities

- Strive to maintain "therapeutic distance"
- Unless you're a judge or prosecutor, talk about the Court as external to both of you



Talking Productively: Consider The Past & the Future

- The past: discuss their thoughts and motivations when they were using
- The future: discuss the factors that, hypothetically, could make them more likely to use or not use in the future (or made it worse in the past)

Keep Motivation in Mind

- Don't rely on coercion alone!
  - Allow as many choices as possible, emphasizing pros and cons of all options
  - Be optimistic (HARPS and Scared Straight…)
  - Help parents visualize. "If you were to use this opportunity to really change everything, what would that look like for you?"
- Get training in Motivational Interviewing

Motivational Interviewing: Underlying Theory

- Clients are ambivalent
- Counselor advocacy for change evokes "resistance" from the client
- Resistance predicts lack of change
- Evoking the client's own change talk will enhance behavior change

Slide courtesy of William R. Miller, PhD

Motivational Interviewing: A Description

- Listening with empathic understanding
- Evoking the *patient's* own concerns and motivations
- Avoiding argument for change
- Nurturing hope and optimism

Slide courtesy of William R. Miller, PhD

4. Working With Family Members

The Most Underutilized Resource in Substance Abuse?

- When available, sober and concerned family members are a tremendous resource
- Most substance abusers have regular contact with a concerned significant other

The Experience of Family Members

- Family members frequently feel used, misled, resentful, angry, and hopeless
- Substance abusers are often seen as either having a character defect, or intentionally ruining their and others' lives

Options for Family Members

- Alcoholics/Narcotics Anonymous. Advocate detachment, acceptance of family member's inability to control use, and avoiding enabling
- Johnson Institute Intervention. Confrontational meeting with abuser, usually led by an expert
- Community Reinforcement and Family Training. CRAFT is a process by which family members are trained to facilitate entry into treatment using psychological principles ("alternative to nagging...")

CRAFT—Major Components

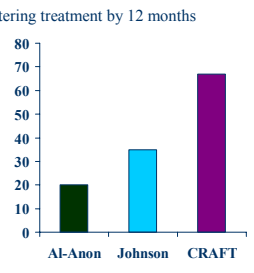
- Family members are taught skills similar to those used in Motivational Interviewing to help raise awareness of benefits of treatment
- Differential attention and reinforcement
  - Express enjoyment of sober time with person
  - Say it's not fun to be with them when…and simply leave
- Communication skill training to increase positive relationship patterns

CRAFT—Major Components

- Competing activities are planned at key times
  - Requires understanding of patterns and triggers
- Outside activities are emphasized as self-care for the significant other; they're often drained…
- Training in domestic violence and dangerous situations
- Identification of positive times and ways in which to raise topic of treatment (and researching options…)

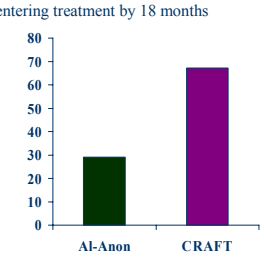
CRAFT for Alcohol Abusers, Miller et al., *JCCP*, 1999

- 130 concerned significant others, randomly assigned to Al-Anon, Johnson Intervention, or CRAFT
- Only 30% went through with Johnson intervention, but it worked for 75% of those who did



CRAFT for Drug Abusers, Meyers et al., *JCCP*, 2002

- 90 concerned significant others, randomly assigned to Nar-Anon or CRAFT
- Results very similar to previous trials of CRAFT



CRAFT Resources

- Smith, J.E. & Meyers, R.J. (2004). *Motivating substance abusers by treating their loved ones: The CRAFT Program*. Guilford Press: New York, NY.
- Meyers, R.J., & Wolfe, B.L. (2004). *Get your loved one sober: Alternatives to nagging, pleading, and threatening.* Center City, MN: Hazelden Press.

5. The Big Picture

Putting the Facts Together…

- Parental substance abuse is:
  - Highly prevalent
  - A significant risk to children
  - A significant challenge to child welfare
- Postnatal substance abuse may be a more appropriate target of child welfare efforts than prenatal exposure

Most are Unknown to Us

- In 2002, reports were substantiated for approximately 896,000 children
  - Up to 2/3 of these were substance-abuse involved
  - A total of 1.8 million were investigated
- Compare this to the 7.5 million children living with a caretaker who is dependent on drugs and/or alcohol…

Alcohol, Marijuana, and "Hard" Drugs: What's the Dope?

- Alcohol harms more children, prenatally and postnatally, than any other substance of abuse
- Marijuana comes in second
- "Hard" drugs, while not necessarily more addictive or harder to treat, do seem associated with more negative environments

Putting Treatment in Perspective

- The vast majority of addicted persons don't get treatment and don't want it
  - External pressure is good, eliciting resistance is bad
  - Optimism is key
- Most persons who do recover from addiction do so on their own

Putting Treatment in Perspective (Cont.)

- Treatment has, at best, a moderate positive effect
- Brief interventions are as effective as long-term interventions
- Family members can learn to greatly increase the chances of treatment entry

Discussion: Where Might These Facts Lead Us?