

# Substance Abuse and Child Welfare Practice

## Child Abuse and Maltreatment

**Barth, R.P., Gibbons, C., & Guo, S. (2006). Substance abuse treatment and the recurrence of maltreatment among caregivers with children living at home: A propensity score analysis. *Journal of Substance Abuse Treatment, 30(2), 93-104.***

Policy and programmatic initiatives of the last decade have focused on increased coordination of services and expansion of prompt substance abuse treatment for mothers initially involved with child welfare services (CWS). Yet, little evidence has been amassed concerning the implications of this approach on the recurrent need for CWS. This study examines data from a large national probability sample of children and their caregivers involved with CWS following an allegation of maltreatment. Data include the recurrence of maltreatment reports for this group of children who remain at home. Selected from 1,101 caregivers with an indicated substance abuse problem, a group of 224 clients who did not receive services were compared with 224 treated clients. Results showed that clients who received substance abuse treatment were nearly twice as likely to have another child abuse report within 18 months. Reasons why participation in substance abuse treatment may result in greater involvement with CWS are posited.

**Chambers, R. M. (2008). In Potter C. C., Potter C. C.(Eds.), Match between family needs and services for high-risk neglecting families. *Journal of Public Child Welfare, 2 (2), 229 -252.***

Child neglect is characterized by a complexity of family problems and needs. Whether families' needs are actually matched to the appropriate services is a critical area for study, although little empirical work exists. In this study, we examine the match between needs and services for a sample of high-risk neglecting families, using cluster analysis to identify clusters of services and previously identified need clusters. We examine need-service match from two perspectives: 1) how well services are allocated to family need, and 2) how well family needs are covered by available services. Some service clusters are well allocated to corresponding needs, such as intensive drug court and family preservation services to substance-abusing families; however, other service patterns are much less coherent. With regard to how well needs are covered by available services, although approximately one-third of substance-abusing families receive the intensive drug court intervention, another one-third receive the low-service cluster of services. Poor match is particularly evident for the mental health/economic need/domestic violence group, in which more than half are represented in the low-service cluster, and only one-fourth in the high-service/economic/domestic violence service cluster. Attention to need-service matching is an important feature of evidence-based practice from both the perspective of case planning with families and the design of services for subgroups of families. Implications for practice and policy are discussed.

**Connell, C. M., N. Bergeron, et al. (2007). "Re-referral to child protective services: The influence of child, family, and case characteristics on risk status." *Child Abuse & Neglect* 31(5): 573-588.**

Introduction: This study examines child, family, and case characteristics that impact rates of re-referral to Child Protective Services (CPS) using data on all closed CPS investigations for the state of Rhode Island between 2001 and 2004. Method: A longitudinal dataset of all referrals to CPS was created using state submissions to the National Child Abuse and Neglect Data System (NCANDS). After excluding children whose initial CPS investigation resulted in removal from the home, a Cox proportional hazards model was tested to examine factors impacting the likelihood of re-referral. Results: Consistent with other research in this area, the initial 6-month period following case disposition is the period of greatest risk of re-referral. Approximately 13% of cases experienced a recurrent allegation during the first 6-month period; an additional 14% experienced a re-referral over the following 12-month period; 7% during the next 12-month period. Family poverty was the strongest predictor of re-referral, though a number of child and case characteristics were significantly related to recurrence. Cases that were substantiated at index were significantly less likely to result in a new allegation, though substantiated cases of physical abuse or those receiving post-investigation services were at higher risk. Conclusions: Children from families facing multiple stressors (e.g., low SES, parental substance abuse child disability) are at highest risk of re-referral to CPS and may benefit from the development of preventive services targeted immediately following case closings within CPS. (c) 2007 Elsevier Ltd. All rights reserved.

**Duran, B., Malcoe, L.H., Sanders, M., Waitzkin, H., Skipper, B., & Yager, J. (2004). *Child maltreatment prevalence and mental disorders outcomes among American Indian women in primary care. Child Abuse Neglect*, 28(2), 131-145.**

The prevalence of child maltreatment among American Indian families and communities is not well documented, nor is the effect of maltreatment on the mental health of individuals as they grow into adulthood. Understanding the extent and nature of exposure to child maltreatment among American Indian women presenting for primary care is important, and contributes directly to treatment availability and options for patients reporting mental health problems. The purpose of this study was to examine the prevalence, types, and severity of child abuse and neglect, and study the relationship between child abuse and neglect and lifetime psychiatric disorders among 234 American Indian women using primary care services. Approximately three-quarters of respondents reported some type of childhood abuse or neglect; over 40% reported exposure to severe maltreatment. Severity of child maltreatment was associated in a dose response manner with lifetime diagnosis of mental disorders. Severe child maltreatment was strongly associated with lifetime PTSD, and was moderately associated with lifetime substance use disorders, mood disorders, and with two or more disorders. Child abuse and neglect was common in our sample of American Indian women in primary care and was positively associated with lifetime psychiatric disorders outcomes. Screening for abuse and neglect and psychiatric disorders would enhance the treatment of patients seeking primary care services. Primary prevention of child maltreatment might reduce the high prevalence of mental disorders among American Indian women.

These findings also confirm the importance of increasing funds and other resources for observation, primary prevention and treatment programs, and research of child abuse and neglect in American Indian populations.

**Fuller, T.L., & Wells, S.J. (2003). Predicting maltreatment recurrence among CPS cases with alcohol and other drug involvement. *Children and Youth Services Review, 25(7), 553-569.***

Evidence suggests that the number of Child Protective Services (CPS) cases involving families with alcohol and other drug (AOD) problems is increasing, which presents unique challenges to CPS workers who must be able to determine how a parent's substance use affects their child's safety. Recent research has identified several factors that consistently predict maltreatment recurrence; however, these studies have assumed that the risks for recurrence are the same for all families who come to the attention of CPS. The current study examined factors predictive of short-term (e.g. within 60 days) maltreatment recurrence among CPS cases with AOD involvement. The authors found that four factors were related to an increased risk of short-term maltreatment recurrence: 1) the safety assessment factor involving caretaker AOD use checked "yes;" 2) a high risk assessment rating for caretaker criminal behavior; 3) no police involvement during the investigation; and 4) families headed by single, African-American women. The findings of the current study have several implications for CPS practice. They underscore the importance of including information on caretaker substance use in ongoing safety and risk assessment activities. Once substance use has been identified as a risk factor, investigators should have tools that help them determine the history and extent of addiction, as well as associated problems such as criminal behaviors, health problems, and mental illness. It is vital for investigators to then translate this information into an effective safety plan that addresses the risks present.

**Howell, M. L. (2008). Decisions with good intentions: Substance use allegations and Child Protective Services screening decisions. *Journal of Public Child Welfare, 2 (3), 293-316.***

This quantitative study of decision-making factors related to screening maltreatment reports was conducted to investigate whether personal biases, values, and stereotypes surrounding parental drug use and race influenced screening decisions. In one southeastern state, 86 child welfare intake supervisors reviewed 10 scenarios alleging maltreatment. Participants decided which reports to accept for investigation, identified influential decision-making factors, and rated personal and organizational values surrounding parental drug use on a scale developed by the researcher. Participants' decision-making patterns suggest that when their values and child welfare policies conflicted in their desire to protect children, supervisors were willing to compromise policy standards for initiating investigations. The social justice implications of these findings are important for child welfare workers and administrators to consider.

**Hurme, T. (2008). Risk factors for physical child abuse in infants and toddlers. *European Journal of Pediatric Surgery, 18 (6), 387-391.***

**BACKGROUND:** This study examined the risk factors and injuries in physical child abuse between November 2003 and February 2007. **PATIENTS AND METHODS:** The uptake area of the University Hospital of Turku, Finland, consists of about 700,000 inhabitants. Forty-eight cases of physical child abuse were examined. The median age of the abused children was 2.2 years, for children with skull fractures it was 0.5 years. The incidence of child physical abuse increased during the study period; it was 0.6/month in 2004 and 1.7/month in 2006. Mortality in the study group was 2.1%. **RESULTS:** Depression, overactivity, crying and prematurity were risk factors in the physically abused children. Parental risk factors were alcohol and drug abuse. Most often the perpetrator was the father or stepfather; when the perpetrator was unknown, the children were mostly in their mothers' care. The average delay of 3 weeks until starting the investigation into abuse was mostly due to delays by health centers or homes. Radiographs were the cornerstones of the medical examination but magnetic resonance examinations were essential for the examination protocol. **CONCLUSIONS:** All levels of public health services, day care facilities and schools must be aware of possible physical child abuse and initiate an investigation as soon as possible by contacting the authorities. Physically abused children and their families must be followed up and supported for a sufficiently long period by social pediatric outpatient wards. The general information on child maltreatment provided to the public needs to be increased to prevent abuse. A child welfare report must be made to social workers in every maltreatment case examined in hospital, and in most cases the offence must also be reported to the police. Nevertheless, in certain cases even permanent custody of the child cannot be avoided.

**Noll, J. G. (2009). In Trickett P. K., Harris W. W., Putnam F. W., Trickett P. K., Harris W. W. and Putnam F. W.(Eds.). Cumulative burden borne by offspring whose mothers were sexually abused as children. Journal of Interpersonal Violence, 21 (3), 424-449.**

This multigenerational study empirically demonstrates the extent to which offspring whose parents experienced childhood abuse are at increased risk of being abused or neglected. Females with substantiated childhood sexual abuse and nonabused comparison females were assessed at six points spanning 18 years in a prospective, longitudinal study. Nonabusing parents or caregivers and offspring were also assessed. Descriptive results indicate that offspring born to mothers with histories of sexual abuse were more likely to be born preterm, have a teenage mother, and be involved in protective services. Abused mothers were more likely to be high-school dropouts, be obese, and have experienced psychiatric problems, substance dependence, and domestic violence. Results provide evidence for the advantages of intervention and prevention programs for victims of childhood maltreatment and their families. Primary prevention/intervention efforts extending throughout development and focusing on the cumulative risk to offspring will likely improve victim outcomes and curtail intergenerational transmission of adversity.

**Smith, B.D., & Testa, M.F. (2002). The risk of subsequent maltreatment allegations in families with substance-exposed infants. Child Abuse & Neglect, 26(1), 97-114.**

This study seeks to assess the relationship between identified prenatal substance use and the risk of subsequent maltreatment allegations among families involved with child protective services, and to compare the types of safety threats encountered by children whose parents had SEI allegations to the types of safety threats faced by children whose parents had other types of allegations. A clearer understanding of these relationships can help child welfare agencies develop family-centered protective interventions that better balance the severity of risks posed by prenatal substance use against the harms of parent-infant separation and out-of-home placement. The authors found that the risk of subsequent allegations associated with parents whose child welfare case opened following an SEI allegation was compared to parents whose case opened following other types of allegations. The authors found that the likelihood of subsequent allegations was greater among parents in the SEI group. However, the increased risk resulted almost entirely from subsequent SEI-related allegations. Parents in the SEI group were not more likely to incur other types of allegations such as physical abuse or lack of supervision. The authors concluded that an increased risk of subsequent maltreatment has been used to justify opening child protective cases on the basis of an SEI allegation alone. The results suggest that concerns about SEI allegations might be balanced with concerns about other risks facing substance-exposed and non-exposed children and that child welfare authorities might pursue the same family-centered interventions with families having an SEI allegation that are pursued with families having other types of allegations.

**Street, K., Whitlingum, G., Gibson, P., Cairns, P., & Ellis, M. (2008). Is adequate parenting compatible with maternal drug use? A 5-year follow-up. *Child: Care, Health & Development*, 34(2), 204-206.**

**INTRODUCTION** This prospective, cohort study compares child protection outcomes over the first 5 years of life in a group of children born to self-declared drug-using mothers recruited during pregnancy (cases) and a group of children matched for gestational age, chronological age, maternal neighbourhood and place of delivery whose mothers made no such declaration of problematic drug use (controls). **METHODOLOGY** We monitored local child protection registers to identify cohort members who came to the attention of the local authority. **RESULTS** Of the 71 original cases and 142 original controls, 55 (77%) and 96 (68%) remained in the area enrolled in local schools at 5 years of age. In total, 26 (47.3%) of the case children were subject to child protection procedures compared with 18 (18.8%) of the control children. This risk difference of 28.5% (95% CI 13.2% to 43.9%) has increased marginally since our previous report in this journal of child protection outcomes at 18 months of age (32% vs. 7%). However, the level of intervention deemed necessary to protect the child has increased significantly with six cases (compared with one control child) taken into the care of the local authority. **CONCLUSIONS** Despite early maternal intentions and multiple supportive interventions, 27% of children born to women with significant substance abuse problems in our area required child protection during the pre-school years. Child protection risk assessment procedures need to weigh problematic maternal drug use heavily. Intervention studies with child welfare outcomes are needed to identify the most effective harm reduction strategies and inform public debate on how we can minimize child abuse related to substance misuse.

[PUBLICATION ABSTRACT]

**Sun, A.-P., M. P. Freese, et al. (2007). "An Exploratory Study of Drug-Exposed Infants: Case Substantiation and Subsequent Child Maltreatment." *Child Welfare* 86(3): 33.**

This study explores factors related to drug-exposed infants' case substantiation and subsequent child maltreatment. Child protective services computerized administrative data (from January 1998 to October 2001) were obtained from an urban Nevada county. The data included 457 drug-exposed infant cases. Chi-square, t-test, one-way ANOVA, and logistic regression were used to analyze the data. Results indicate that: (1) drug-exposed infant case substantiation was related to the type of drug exposure and the unit to which the case was assigned, but not to the mother's ethnicity; and (2) subsequent maltreatment among drug-exposed infants was related to the mother's age and prior parental alcohol abuse, but not to the type of drug exposure, nor to the initial drug-exposed infant status of case substantiation. Implications for child welfare practice and research are discussed. [PUBLICATION ABSTRACT]

**Welsh, J., Precey, G., & Lambert, P. (2008). Parents of children at risk—a multi-agency initiative to address substance misuse amongst parents whose children are at risk of neglect. *Child Abuse Review*, 17(6), 454-462.**

The article presents information about parents as substance abusers and the impact that this behavior has on young children. The authors comment on the report called "Hidden Harm" that was released in 2003 by the Advisory Council on the Misuse of Drugs. The report shows that the cities of Brighton and Hove in England have some of the highest percentages of parental drug abusers. The report also considers the needs of children affected by these circumstances and the health and developmental consequences that they face in such environments.

**Widom, C.S., & Hiller-Sturmhofel, S. (2001). Alcohol abuse as risk factor for and consequence of child abuse. *Alcohol Research and Health*, 25(1), 52-57.**

The relationship between child abuse and the use or abuse of alcohol has two aspects. First, some findings have indicated that parental alcohol abuse may be associated with the physical or sexual abuse of children. Research findings in this area remain inconsistent, however. Second, the experience of being abused as a child may increase a person's risk for alcohol-related problems as an adult. This relationship has best been demonstrated in women who had been victims of childhood abuse. Several factors most likely contribute to or influence this relationship, including coping skills; antisocial behavior; and psychological problems, such as posttraumatic stress disorder. This article review studies assessing alcohol-related and non-alcohol-related factors that might contribute to parental child abuse and presents research findings concerning the relationship between childhood victimization and subsequent adult alcohol abuse. Within this discussion, the article explores how future research may identify further characteristics that could increase a person's risk for developing alcohol abuse as a consequence of childhood victimization.

## **Foster Care, Removal, and Reunification**

**Brook, J. (2009).** In McDonald T., McDonald T.(Eds.), **Impact of parental substance abuse on the stability of family reunifications from foster care.** *Children & Youth Services Review*, 31 (2), 193-198.

Alcohol and other drug (AOD) abuse by caretakers is frequently cited as a precipitating reason for the entry of children into foster care, however, little research has been done to examine the impact of alcohol and other drugs on the stability of family reunification. This study examined the likelihood of reentry into foster care following reunification for children whose primary caretakers were stratified into groups based on the type of substance abuse cited as a primary reason for the initial removal: those with alcohol only involvement, those with drug only involvement, those with both alcohol and other drug involvement, and those with no alcohol or drug involvement. Event history analysis showed that children whose reasons for initial placement in foster included caretakers with both alcohol and drug involvement were much more likely to reenter care following reunification than any of the other three groups. However, drug or alcohol involvement as the initial reason for removal was also associated with higher risk of reentry.

**Carison, B. E., Smith, C., Matto, H., & Eversman, M. (2008).** **Reunification with children in the context of maternal recovery from drug abuse.** *Families in Society*, 89(2), 253-263.

Little is known about mothers' experiences of reunification with children in the context of recovery from drug abuse. Using a stress and coping framework, this qualitative study interviewed 6 mothers and 11 service providers from substance abuse and child welfare agencies regarding reunification experiences. Analysis of themes indicated that multiple parenting stressors and lack of resources and supports complicate women's abilities to manage parenting pressures upon reunification. Maternal readiness for reunification was an important theme; returning children prematurely heightens risk for poor outcomes, especially if insufficient services are in place to support children's return home. The stress of dealing with child protective services and multiple service systems was another theme. Implications for service provision to mothers and families are discussed. [PUBLICATION ABSTRACT]

**Carlson, B.E., Matto, H., Smith, C., & Eversman, M. (2006).** **A pilot study of reunification following drug abuse treatment: Recovering the mother role.** *Journal of Drug Issues*, 36(4), 877-902.

This qualitative study explored the experiences of women in recovery from drug abuse who had resumed parenting their children after child placement. Six mothers and 11 service providers from substance abuse treatment and child welfare agencies were interviewed about their perceptions of the experience of being reunified with one's children following substance abuse treatment. Findings revealed that mothers have intense emotional reactions to having children placed, which can motivate recovery but also be a source of stress. A variety of supports were identified as necessary to prepare mothers for resuming care of children beyond substance abuse treatment including counseling, child care, financial support, and parenting education. Reunification, however desirable, was described as overwhelming and

fraught with parenting challenges, such as effective limit setting with children. Numerous challenges and barriers to successful reunification were identified, such as stigmatization in the child welfare system. The authors state that the results suggest the need for continuity and coordination in service delivery that targets several key areas of skill development for substance-abusing mothers following initial treatment and post-reunification with children. This would require coordinated, effective collaborations between treatment providers, the child protective system, and community-based child welfare providers.

**Grella, C. E., Needell, B., Shi, Y., & Hser, Y. (2009). Do drug treatment services predict reunification outcomes of mothers and their children in child welfare? *Journal of Substance Abuse Treatment*, 36 (3), 278-293.**

The effect of mothers' participation in substance abuse treatment on reunification with their children who are in out-of-home care is an important policy issue. This article examines the predictors of child reunification among mothers who participated in a statewide treatment outcome study. Data were integrated from multiple sources to determine the contributions of characteristics of mothers (n = 1,115), their children (n = 2,299), and treatment programs (n = 43) on reunification outcomes. Hierarchical linear modeling was used to determine the fixed and random effects of mother, child, and program characteristics. Mothers with more employment and psychiatric problems were less likely to be reunified with their children; completion of 90 or more days in treatment approximately doubled their likelihood of reunification. Mothers who were treated in programs providing a "high" level of family-related or education/employment services were approximately twice as likely to reunify with their children as those who were treated in programs with "low" levels of these services.

**Haight, W., T. Ostler, et al. (2007). "A child's-eye view of parent methamphetamine abuse: Implications for helping foster families to succeed." *Children and Youth Services Review* 29(1): 1-15.**

This report focuses on the experiences and perspectives of rural, Midwestern children aged 7-14 years who were involved with the public child welfare system because of their parents' methamphetamine abuse. Eighteen children participated in semi-structured, in-depth interviews focusing on their families of origin. Children reported exposure not only to their parents' and non-kin adults' methamphetamine and other substance abuse, but to a constellation of activities related to drug use or drug seeking behavior including violence within their homes and other criminal behavior. Children responded to the contexts in which they were reared in a variety of ways including accepting or actively resisting socialization messages that normalized substance abuse. The majority of children described involvement with law enforcement and child welfare as a "sad" and "scary" time in their families. Far from embracing their placement within safe and stable families, many children continued to express sadness, distress and resistance to legal and child welfare interventions even after months in foster care. Implications for facilitating the adjustment of children to foster care and beyond are discussed including providing foster parents with support and information about the contexts in which children have been reared and



children's understanding of those contexts in order that they may interpret and respond to challenges that may emerge. (c) 2006 Elsevier Ltd. All rights reserved.

**Hohman, M.M., & Butt, R.L. (2001). How soon is too soon? Addiction recovery and family reunification. *Child Welfare*, 80(1), 53-67.**

This article describes the addiction recovery process and stages of recovery, the behaviors and attitudes that indicate recovery, and how recovery impacts parenting. This information is crucial for child welfare workers involved in decision making regarding family reunification. Two models of recovery, one from alcoholism and one from cocaine addiction, are reviewed. In addition, issues encountered in recovery, particularly for women for discussed. Case examples and discussion demonstrate how child welfare workers can apply these models in determining the appropriateness of reunification.

**Linsk, N., Mason, S., Fendrich, M., Bass, M., Prubhugate, P., & Brown, A. (2009). "No matter what I do they still want their family": Stressors for African American grandparents and other relatives. *Journal of Family Social Work*, 12 (1), 25-43.**

Grandparents and other relatives increasingly assume the role of primary caregiver to minor children. This study interviewed family members caring for children whose parents were not available due to parental incarceration, other involvement in the criminal justice system, and substance abuse-related issues. Interviews with 25 African American women examined the impact of caregiving including stress and depression. Stress included caregiver issues related to finances, time allocation, care responsibilities, and concerns about the absent parent, as well as issues specific to the children related to school concerns, child behavior, and emotional problems. These stresses were examined along with caregiver depression scores using the Center for Epidemiological Studies Depression Scale, which indicated more depression related to caregiver illnesses, older caregivers, and care for older and a larger number of children. This study suggests that caring for these children is both challenging and stressful, and caregivers are at risk for depression and other mental health concerns. Health and service providers should carefully assess the needs of caregivers when determining the needs of families where children are under care of nonparental relatives. Family-based services are needed that include caregiver supports as well as support for children.

**Marcellus, L. (2008). (Ad)ministering love: Providing family foster care to infants with prenatal substance exposure. *Qualitative Health Research*, 18(9), 1220-1230.**

A significant percentage of children in foster care in North America are younger than 1 year of age and are in foster care because of parental substance use and other social challenges. Infants might present with specific health and behavioral issues that are challenging to manage within the foster family home environment; foster families require specialized skills and knowledge to manage these issues. In this article, the author describes a constructivist grounded theory of the process of becoming and providing

family foster caregiving in the context of caring for infants with prenatal alcohol and/or drug exposure. The basic social process of (ad)ministering love was identified. The author further describes the three phases of this process and the core concepts within each phase. [PUBLICATION ABSTRACT]

**Marsh, J.C., Ryan, J.P., Choi, S., & Testa, M.F. (2006). Integrated services for families with multiple problems: Obstacles to family reunification. *Children and Youth Services Review*, 28(9), 1074-1087.**

Child welfare clients with co-occurring problems are recognized as clients who have difficulty achieving positive child welfare outcomes. The current study focuses on families in the child welfare system with co-occurring problems and the impact of such problems on the likelihood of reunification. The current study contributes to the literature on service integration by examining whether it is necessary to go beyond assessment and service access to insure families make progress in each co-occurring problem area to achieve reunification. The sample is comprised of 724 substance-abusing families enrolled in the Illinois Title IV-E Alcohol and Other Drug Abuse (AODA) Waiver Demonstration. Data on client progress consisted of provider ratings completed quarterly to track progress related to problems of substance abuse, domestic violence, housing and mental health. The findings indicate that progress in resolving co-occurring problem areas increases the likelihood of achieving family reunification. Thus, the provision of the child welfare service model alone is insufficient. In order for child welfare systems to increase reunification rates, services must target the specific needs of individual families and assist them in achieving progress within co-occurring problem areas. Successful integrated service programs must identify the range of specific problems that clients are dealing with and insure that they address and resolve these problems in order to increase the likelihood of family reunification.

**McWey, L. M., Henderson, T. L., & Alexander, J. B. (2008). Parental rights and the foster care system: A glimpse of decision making in Virginia. *Journal of Family Issues*, 29(8), 1031-1050.**

Using ecological theory and a mixed-methods approach, the authors examined family-court interactions for foster care decisions made in Virginia across three policy periods: 1980 to 1993, 1994 to 1997, and 1997 to present (N= 95). For the first and last policy periods, quantitative analyses revealed significant differences in the rates at which parental rights were terminated. Differences also existed in termination rates for parents with mental health issues and limited IQs but not for parents with substance abuse issues or those with special-needs children. The best-interests-of-the-child standard and clear and convincing evidence were the primary legal principles used to determine whether to terminate parental rights or to reunify families. Suggestions were made to enhance the understanding of family professionals. [PUBLICATION ABSTRACT]

**Miller, K.A., Fisher, P.A., Fetrow, B., & Jordan, K. (2006). Trouble on the journey home: Reunification failures in foster care. *Children and Youth Services Review*, 28(3), 260-274.**

This article examined parent, child, family, environmental, and service utilization factors hypothesized to be associated with reunification failure. The sample for the study included foster children who, at reunification with their birth parents, ranged in age from 4-7 years. All participants were reunified with at least one parent. Among the variables found to significantly differentiate between failed and successful reunifications were parental utilization of substance abuse treatment, child utilization of special educational services, child utilization of individual, family, or group therapy, overall parenting skill level, appropriate use of discipline, and quality of neighborhood. The authors discuss the implications of these results for policies aimed at increasing the success rate of reunifications following foster care.

**Pelton, L. H. (2008). An examination of the reasons for child removal in Clark County, Nevada. *Children & Youth Services Review, 30(7), 787-799.***

The factors precipitating child placement were examined in two randomly selected samples of protective custody cases that were brought before the family court in Clark County, Nevada during a one-year period. Methamphetamine use, homelessness, lack of resources, and physical abuse were factors frequently prompting placement. Homelessness was as prevalent in cases not involving meth or other drug use as in those that did. Police were involved in a large proportion of the cases, and children were more frequently placed in foster care facilities when they were. In many cases, the arrest and incarceration of parents on outstanding warrants unrelated to the immediate safety of the children precipitated the need for placement. Parents frequently received counseling for their substance abuse and other issues, but were rarely offered concrete assistance or any significant help with housing. The reallocation of resources from Child Haven, the emergency placement congregate care facility in which most children were initially placed, to the provision of direct assistance with housing and other concrete services, is recommended and discussed. [PUBLICATION ABSTRACT]

**Pilowsky, D.J., & Wu, L.T. (2006). Psychiatric symptoms and substance use disorders in a nationally representative sample of American adolescents involved with foster care. *Journal of Adolescent Health, 38(4), 351-358.***

The purpose of this study was to ascertain the prevalence of psychiatric symptoms and substance use disorders among adolescents with a lifetime history of foster care placement, using data from a nationally representative sample of U.S. adolescents. Methods: Study subjects were adolescents aged 12-17 years in the public use file of the 2000 National Household on Drug Abuse (n = 19,430, including 464 adolescents with history of foster care placement). Psychiatric symptoms and substance use disorders were ascertained through direct interviewing of adolescents. Results indicated that adolescents involved with foster care had more past-year psychiatric symptoms, and especially more conduct symptoms, and past-year substance use disorders than those never placed in foster care. Adolescents involved with foster care were about four times more likely to have attempted suicide in the preceding 12, and about five times more likely to receive a drug dependence diagnosis in the same period. The authors concluded

that adolescents involved with foster care have a higher prevalence of psychiatric symptoms and drug use disorders than those never placed in foster care.

**Raphel, S. (2008). Kinship care and the situation for grandparents. *Journal of Child and Adolescent Psychiatric Nursing* 21(2), 118-120.**

Kinship care. What is it? What's needed? What's being done? A totally new swing in child welfare is before us. In 1996, 2.5 million U.S. families were maintained by grandparent(s) who had one or more grandchildren living with them. According to census records, this number increased 30% in the decade ending 2000. The grandparent(s) provide a safety net to children inside and outside the Social Welfare System in cases where parents struggle with substance abuse, incarceration, mental illness, economic hardship, divorce, domestic violence, and other issues leading to their absence as primary caregivers for their children. Although this informal, private or voluntary arrangement has many advantages for the child, there are fewer resources available to the kin caregiver. Kinship care arrangements tend to be complex. Some families find themselves in both formal and informal situations with related children. Many caregivers are still raising their own children or caring for elder parents. Evaluating the quality of kinship care involves many views. The quality indicators are appropriate behavior, school performance, happiness, and the caregiver's experience with raising other children. [PUBLICATION ABSTRACT]

**Smith, B.D. (2003). How parental drug use and drug treatment compliance relate to family reunification. *Child Welfare*, 82(3), 335-365.**

This study assesses the relationships among parental drug use, drug treatment compliance, and reunification from substitute care. Parental drug use and treatment compliance have been presented as justification for a new emphasis in child welfare policy and practice, especially due to the shorter permanency timelines. Using in-person survey data and state administrative data, the study finds that drug treatment compliance is associated with faster reunification, even when accounting for ongoing drug use and three parenting measures. The findings are consistent with a conceptual framework suggesting that certain client actions, such as drug treatment compliance, may serve as markers that substantially affect client outcomes. This study contributes to the growing body of empirical literature on the correlates of reunification, including parents' treatment compliance.

**Vanderploeg, J. J., C. M. Connell, et al. (2007). "The impact of parental alcohol or drug removals on foster care placement experiences: A matched comparison group study." *Child Maltreatment* 12(2): 125-136.**

Research has established the coincidence of parental alcohol and other drug (AOD) use and child maltreatment, but few studies have examined the placement experiences and outcomes of children removed because of parental AOD use. The present study examines demographic characteristics and placement experiences of children removed from their homes because of parental AOD use (n = 1,333),

first in comparison to the remaining sample of children in foster care (n = 4,554), then in comparison to a matched comparison group of children in foster care who were removed for other reasons (n = 1,333). Relative to the comparison sample, children removed for parental AOD use are less likely to experience co-occurring removal because of neglect and physical or sexual abuse and are more likely to be placed in relative foster care. In addition, these children remain in care longer, experience similar rates of reunification, and have significantly higher rates of adoption.

**White, C. R., O'Brien, K., White, J., Pecora, P. J., & Phillips, C. M. (2008). Alcohol and drug use among alumni of foster care: Decreasing dependency through improvement of foster care experiences. *Journal of Behavioral Health Services & Research*, 35(4), 419-434.**

The Northwest Foster Care Alumni Study examined the effects of family foster care on adult substance dependencies. The study focused on young adults (N = 479) who were served by a private (Casey Family Programs) or public foster care agency in Washington and Oregon states. This paper describes (1) prevalence rates of alcohol dependence and drug dependence, (2) the relation between risk factors and experiences in foster care and adult substance dependencies, and (3) statistical simulations showing how adult substance dependency rates may be reduced through improvement of the foster care experience. The rate of alcohol dependence within the past 12 months (3.6%) among alumni was not significantly different from that of the general population; the rate of drug dependence within the past 12 months (8.0%) was significantly higher among alumni. Optimization of foster care experiences (i.e., improving care) was associated with significant reductions in the estimated prevalence of these two dependencies.

## **Implications for Treatment**

**Forrester, D., Copello, A., Waissbein, C., & Pokhrel, S. (2008). Evaluation of an intensive family preservation service for families affected by parental substance misuse. *Child Abuse Review*, 17(6), 410-426.**

Parental misuse of drugs or alcohol is recognized to be an issue for a high proportion of families to known social services, and for many children who enter care. However, there is limited research on what is effective in working with such families. This article reports on an evaluation of an Intensive Family Preservation Service (named 'Option 2') aimed at families in which parents misuse substances and children are considered at risk of entering care. The study used mixed methods. A quasi-experimental element compared solely data relating to care entry (e.g. how long children spent in care and its cost) for Option 2 children (n = 279) and a comparison group of referrals not provided with the service (n = 89) on average 3.5 years after referral. It found that about 40 per cent of children in both groups entered care, however Option 2 children took longer to enter, spent less time in care and were more likely to be at home at follow-up. As a result, Option 2 produced significant cost savings. A small-scale qualitative element of the study involved interviews with 11 parents and seven children in eight families. The

findings suggested that Option 2 was a highly professional and appreciated service. For some families it achieved permanent change. For others, particularly those with complex and long-standing problems, significant positive changes were not sustained. The implications for services designed to prevent public care, particularly where there are substance misuse issues, are discussed and recommendations for policy and evaluation made.

**Green, B. L., A. Rockhill, et al. (2007). "Does substance abuse treatment make a difference for child welfare case outcomes? A statewide longitudinal analysis." *Children and Youth Services Review* 29(4): 460-473.**

Although substance abuse is one of the primary reasons that parents become involved with the child welfare system, there is surprisingly little empirical research that examines the relationship of substance abuse treatment to child welfare outcomes. In this statewide longitudinal study of 1,911 women who had children placed in substitute care, we examined the influence of three key factors in the treatment process on child welfare outcomes. Results indicated that when these women entered treatment more quickly, spent more time in treatment, or completed at least one treatment episode, their children spent fewer days in foster care and were more likely to be reunified with their parents. These findings were significant even controlling for families' levels of risk including treatment and child welfare history, substance abuse frequency and chronicity, and demographic risks. Implications of these findings for improvements in the way that treatment services are provided to women in the child welfare system are discussed. (c) 2006 Elsevier Ltd. All rights reserved.

**Gregoire, K.A., & Schultz, D.J. (2001). Substance-abusing child welfare parents: Treatment and child placement outcomes. *Child Welfare*, 80(4), 433-452.**

This article provides information on substance abuse interventions with child welfare parents and describes outcomes for 167 child welfare clients referred for substance abuse assessments, and when recommended, treatment. The authors found that nearly one-third of the clients did not complete the substance abuse assessment required by the agency family plan, indicating the difficulty intervening in addiction. However, those clients who completed the assessment and treatment had higher rates of post-referral sobriety, affirming the value of intervention. The authors also found that prior treatment was associated with continued substance abuse rather than sobriety indicating a higher level of severity of addiction. To meet the goals of child safety, family preservation, and permanency planning, child welfare agencies and substance abuse service providers must work collaboratively to provide timely, accessible, and effective substance abuse treatment and support services for child welfare families with substance abuse problems.

**Hohman, M.M., Shillington, A.M., & Baxter, H.G. (2003). A comparison of pregnant women presenting for alcohol and other drug treatment by CPS status. *Child Abuse and Neglect*, 27(3), 303-317.**

The purpose of this study is to describe the demographic, substance use, and treatment variables of 678 treatment seeking pregnant women and to compare these variables based on Child Protective Service (CPS) status. The authors found that pregnant women reporting CPS involvement were similar to non-CPS women on demographic variables but differed on drug use and treatment variables. CPS women were more likely to report marijuana use as their primary problem drug, be mandated to treatment, attend day treatment and be released from treatment unsatisfactorily compared to the non-CPS pregnant women. Those without CPS involvement were more likely to report cocaine or crack as their primary drug, attend outpatient treatment and be found to have a satisfactory release from treatment compared to those with CPS involvement. Significant predictors of CPS involvement were mandated status and unsatisfactory treatment release. The authors postulate that the specific demands of CPS requirements may be burdensome on pregnant women. CPS demands may include parenting classes, monitored visits, working with a social worker on concurrent planning, and adhering to specific timelines to prepare for reunification or removal. The authors state that both AOD treatment services and CPS need to examine their policies and practices with pregnant substance-abusing women, to determine if treatment needs are not being met and if burdensome expectations are being placed upon them.

**Lewandowski, C. A., & Hill, T. J. (2008). The impact of foster care and temporary assistance for needy families (TANF) on women's drug treatment outcomes. *Children & Youth Services Review, 30(8), 942-954.***

This study assesses the impact of having a child in foster care and receiving cash benefits through Temporary Assistance for Needy Families (TANF) on women's completion of a residential drug treatment program. The study's hypothesis was that drug treatment completion rates for women who had children in foster care and/or who were receiving TANF would differ from women who did not receive these services. The sample included 117 women age 19 to 54, in a Midwestern state. Findings suggest that women with a child or children in foster care were less likely to complete treatment. Women receiving cash benefits were also somewhat less likely to complete treatment than women not receiving these services. Women with children in foster care had similar levels of psychological, employment, and drug and alcohol concerns as other women, as measured by the Addiction Severity Index. Future research should focus on identifying strategies that enhance retention rates of these vulnerable women. Implications for improving treatment retention are discussed in light of the Adoption and Safe Families Act of 1997 and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.  
[PUBLICATION ABSTRACT]

**Libby, A.M., Orton, H.D., Barth, R.P., Webb, M.B., Burns, B.J., Wood, P.A., & Spicer, P. (2007). Mental health and substance abuse services to parents of children involved with child welfare: A study of racial and ethnic differences for American Indian parents. *Administration and Policy in Mental Health and Mental Health Services Research, 34(2), 150-159.***

American Indian parents of children involved with child welfare were compared to White, Black and Hispanic parents on mental health and substance abuse problems and access to treatment. Data came from the National Study of Child and Adolescent Well-Being, a longitudinal study of a nationally representative sample of children aged 0-14 years involved with child welfare. The study found that there were significant disparities in the likelihood of receiving mental health, but not substance abuse, services. Unmet need for mental health and substance abuse treatment characterized all parents in this study. American Indian parents fared the worst in obtaining mental health treatment. Parents of children at home and of older children were less likely to access mental health or substance abuse treatment.

**Marsh, J.C., & Cao, D. (2005). Parents in substance abuse treatment: Implications for child welfare practice. *Children and Youth Services Review*, 27(12), 1259-1278.**

Substance abuse treatment in parents of young children is an important element of child welfare services. Increasingly, child welfare agencies, confronted with increasing numbers of substance abusing client, seek to integrate substance abuse treatment into child welfare services. These efforts are limited by a lack of targeted information about effective substance abuse treatment for parents. This study compares the predictive factors of post-treatment drug use in organizational, service and individual characteristics between 1237 parents and 1905 non-parents, mothers and fathers. The results show that treatment duration and the frequency of counseling available in treatment facilities are the most predictive factors for parents when other factors are controlled. Further, treatment duration, onsite service availability, and frequency of counseling available are significant factors in predicting post-treatment drug use for fathers, but not for mothers. The authors concluded that outcomes are better for parents who receive services in treatment organizations that provide counseling on a frequent schedule (once a week or more). Further, treatment duration and receipt of comprehensive services were specifically predictive for fathers but not for mothers. These findings have implications for improving substance abuse treatment services for parents in child welfare settings. For example, programs seeking to integrate substance abuse and child welfare services will be most effective when they can connect with substance abuse treatment programs that are able to (a) retain parents in treatment, and (b) tailor services to address health and social problems that typically co-occurring with substance abuse.

**New Jersey uses money from child welfare system to treat addicted parents. (2008). *Alcoholism & Drug Abuse Weekly*, 20(21), 1-7.**

The article provides facts on the issue of substance abuse problems in the child welfare system in New Jersey. The city government develops alternative way to continue offering foster care program throughout the country by transferring the money from the Division of Youth and Family Services (DYFS) to the Division of Addiction Services (DAS) to assist the parent paying treatment of children in the system. The treatment program is acknowledged as part of the region's child welfare services.

[PUBLICATION ABSTRACT]



**Nishimoto, R., & Roberts, A. (2001). Coercion and drug treatment for postpartum women. *American Journal of Drug and Alcohol Abuse*, 27(1), 161-181.**

Some have contended that there is a role for coercion in drug treatment and that external pressures from family and the courts are necessary factors in successful treatment, particularly regarding women who are parenting and who are in the child welfare system. This research examined the extent to which various indicators of coercion were related to treatment retention in a gender-specific treatment program and a traditional outpatient program for pregnant and postpartum women who were mandated to enter treatment. Women who were given custody of their infant stayed in treatment longer than women who did not have custody. Women who had custody and were in the intensive day treatment program also completed treatment at a much higher rate than those in the traditional program. These findings have important implications for social work practice as the decision to place a newborn infant with a mother who has a history of or is currently abusing or dependent on substances is a serious concern for child welfare workers.

**Osterling, K. L., & Austin, M. J. (2008). Substance abuse interventions for parents involved in the child welfare system: Evidence and implications. *Journal of Evidence-Based Social Work*, 5(1), 157-189.**

As child welfare systems across the country face the problem of parental substance abuse, there is an increasing need to understand the types of treatment approaches that are most effective for substance-abusing parents in the child welfare system--the majority of whom are mothers. This structured review of the literature focuses on evidence related to two areas: (1) individual-level interventions designed to assist mothers and women in addressing their substance abuse problems, and (2) system-level interventions designed to improve collaboration and coordination between the child welfare system and the alcohol and other drug system. Overall, research suggests the following program components may be effective with substance-abusing women with children: (1) Women-centered treatment that involves children, (2) Specialized health and mental health services, (3) Home visitation services, (4) Concrete assistance, (5) Short-term targeted interventions, and (6) Comprehensive programs that integrate many of these components. Research also suggests that promising collaborative models between the child welfare system (CWS) and the alcohol and other drug (AOD) system typically include the following core elements: (1) Out-stationing AOD workers in child welfare offices, (2) Joint case planning, (3) Using official committees to guide collaborative efforts, (4) Training and cross-training, (5) Using protocols for sharing confidential information, and (6) Using dependency drug courts. Although more rigorous research is needed on both individual-level and system-level substance abuse interventions for parents involved in the child welfare system, the integration of individual-level interventions and system-level approaches is a potentially useful practice approach with this vulnerable population. [PUBLICATION ABSTRACT]

**Ryan, J. P., Choi, S., Hong, J. S., Hernandez, P., & Larrison, C. R. (2008). Recovery coaches and substance exposed births: An experiment in child welfare. *Child Abuse & Neglect*, 32(11), 1072-1079.**

Objectives: Substance exposed infants present a major challenge to child welfare and public health systems. Prenatal substance exposure and continued substance abuse in the home are associated with a wide range of adverse social, emotional, and developmental outcomes. The objective of the current study is to evaluate the use of recovery coaches in child welfare. Methods: The current study is longitudinal and utilizes an experimental design. The sample includes 931 substance abusing women enrolled in a Title IV-E Waiver Demonstration, 261 in the control group, and 670 in the experimental group. Women in the experimental group received traditional services plus the services of a recovery coach. Administrative records are used to indicate substance exposure at birth. Results: Of the 931 women enrolled in the waiver demonstration, 21% of the control group and 15% of the experimental group were associated with a subsequent substantiated allegation indicating substance exposure at birth. Cox proportional hazards modeling indicates that women in the experimental group were significantly less likely to be associated with a new substance exposed birth. Conclusions: The use of recovery coaches in child welfare significantly decreases the risk of substance exposure at birth. Integrated and comprehensive approaches are necessary for addressing the complex and co-occurring needs of families involved with child protection.

**Sun, A-P., Shillington, A.M., Hohman, M., & Jones, L. (2001). Caregiver AOD use, case substantiation, and AOD treatment: Studies based on two southwestern counties. *Child Welfare*, 80(2), 151-178.**

This article includes two separate studies: the first explores the impact of caregiver AOD use on CPS case substantiation; the second compares CPS-involved and CPS-noninvolved females in AOD treatment systems and describes what happens to AOD abusers once they enter the treatment system. By using two different approaches, the two studies presented here provide a profile of AOD-using caregivers in the child welfare and AOD systems. Results suggest that cases with indications of AOD use are more likely to be substantiated than cases without; and increasing numbers of children and younger maternal ages are risk factors for CPS involvement among AOD-using women. Both studies point to the importance of cross-training and skills in interdisciplinary work between CPS and AOD treatment field. CPS workers need to be familiar with AOD screening, identification, and assessment; AOD workers must be sensitive to the multiple problems and needs experienced by their CPS clients.

**Westermeyer, J., L. Bennett, et al. (2007). "Substance use disorder among adoptees: a clinical comparative study." *Am J Drug Alcohol Abuse* 33(3): 455-66.**

Goals of the study were to assess whether adoptees in treatment for Substance Use Disorder (SUD) (1) were over-, equi-, or under-represented in a clinical sample of patients with (SUD) and (2) differed

demographically and clinically from non-adoptees with SUD. Sample consisted of 608 patients in two alcohol-drug treatment programs. Data collection included the Childhood Problems Scale, the Minnesota Substance Abuse Problem Scale, and the Minnesota Substance Abuse Treatment Questionnaire, and the Michigan Assessment-Screening Test/Alcohol-Drug. Findings showed that the prevalence of adoptees among SUD patients was 14 times higher than expected (95% Confidence Interval, 10 to 18 times). Adoptees reported childhood histories similar to those of non-adoptees with "any parental SUD", but they more closely resembled non-adoptees without parental SUD in regard to SUD severity and SUD treatment. Conclusion is that adoptees and their adoptive families should be alert to the increased risk of SUD among adoptees. Clinicians can expect that adoptees should manifest milder levels of SUD morbidity, similar to "non-heredity" SUD.