

Substance Abuse and Child Welfare Services: Research Update and Needs

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The Challenge

- What is the state of knowledge and how does it relate to families with substance use disorders?
- What are the current critical issues on researchers' agendas?
- What is being learned from the CFSR process?
- How much does research affect child welfare practice with families in both systems?

Review of Research

- Epidemiology
- Identification of Substance Abuse
- CWS and SAT Processes
- CWS Outcomes
 - Safety
 - Permanency
 - Well-Being

Epidemiology

- Estimates of SA and CWS overlap
 - NSCAW Estimates
 - CFSR Estimates
- Relationship between SA and child maltreatment
 - How does SA result in child maltreatment
 - Direct Effects on Impaired parenting
 - Indirect effects (e.g., through domestic violence or arrest)

Epidemiology: Counts Vary By...

Definition

- ... percent with primary reason of substance abuse in specialized foster care (14%: McNichol & Tash, 2001)
- ... percent “affected in some way by parental substance abuse” (76%: McNichol & Tash, 2001)
- ... percent in foster care with “parental substance abuse” (79%: Besinger, et al., 1999)

Counts (May) Vary By...

Urban and Non-Urban

- ... Los Angeles (76%), McNichol and Tash (2001)
- ... San Diego (79%), Besinger, et al. (1999)
- ... Boston, Murphy, et al. (1991)
- ... New York, Merrick (1993)
- ... Boston (67%), Famularo, et al. (1992)
- ... Las Vegas (11%), Sun, et al., (2001)
- ... Non Urban? (waiting to be studied)

Counts Vary By...

Sample

- ... Foster care (76%: McNichol & Tash, 2001)
- ... Foster care with “parental substance abuse” (79%: Besinger, et al., 1999)
- ... Care and protection (67%: Famularo, 1992)
- ... Investigations (11%: Sun, et al., 2001)
- ... Investigations (13.8%: NSCAW)

NSCAW: Parental Substance Abuse (CWW Report), Urbanicity, and Service Setting

	In-home closed	In-home open CWS	OOHC	Total
URBAN (77% of all Cases)				
SA problem	3	4	4	11
No SA problem	46	15	5	66
NON-URBAN (23% of all Cases)				
SA problem	1	1	1	3
No SA problem	15	4	1	20
Total	65	24	11	100

CWWs report that substance abuse is present in about

- 1/2 of OOHC cases;
- 1/5th of In-Home Open CWS cases; and
- 1/16th of in-home closed cases,
- regardless of urban or non-urban setting

NSCAW: CWW Report of Importance of SA Regarding How to Proceed with Case

	1 st Critical Factor (% of Cases)	2 nd Critical Factor (% of Cases)
PPCG		
Alcohol abuse	2.4	1.1
Drug abuse	3.8	3.0
Secondary CG		
Alcohol abuse	.9	1.0
Drug abuse	.6	1.4
Total	7.7	6.5

CWWs report substance abuse to be one of two most critical factors in how case should proceed in a fairly small percentage of cases

NSCAW: Child Age, Urbanicity, and Parental Substance Abuse (CWW Report)

Child Age	In-home		Out-of-home	
	Urban	Non-urban	Urban	Non-urban
0-2	25	17	34	28
3-5	25	26	14	11
6-10	28	30	36	37
11+	21	28	17	25
Total	100	100	100	100

Amongst infants there are higher rates of substance abuse among caregivers with children in OOHC...

... but this is opposite for 11+ year olds...

...infants and 6-10 year olds have the highest rates of parental substance abuse

NSCAW: Caregiver Report of AOD Use and Dependence

CIDI-SF	%
Alcohol Screen	7.3
Drug Screen	18.3
Alcohol or Drug Screen	23.9
Alcohol Dependence	2.2
Drug Dependence	2.8
Alcohol or Drug Dependence	3.9

NSCAW: CWW Report of AOD Problems

Primary Caregiver	%
Alcohol Abuse	8.2
Drug Abuse	9.2
Alcohol or Drug Abuse	13.8
Secondary Caregiver	
Alcohol Abuse	11.9
Drug Abuse	8.9
Alcohol or Drug Abuse	16.6

NSCAW: CWW AOD Report by Child Setting

	Total	In-home no CWS	In-home CWS	Out-of-home
Alcohol abuse**	8.2	3.3	12.6	28.7
Drug abuse**	9.2	3.5	12.1	37.4
Alcohol or drug abuse**	13.8	6.0	20.3	46.1

** p < .001

Best Available Estimates

Findings

- The prevalence of AOD problems among in-home caregivers can now be discussed
- Prevalence of AOD problems among out-of-home caregivers is lower than commonly discussed

Reasons for Lower OOHC Estimate

- Entry cohorts may be changing
- Measurement may be improving
- Estimates more inclusive of in-home services populations
- Early Overestimates are a common phenomena in human services
 - Missing children
 - DV among pregnant women

NSCAW: Agreement Between Caregiver and CWW Report, Dependence

	Sensitivity		Specificity	
	In-home, no services	In-home, services	In-home, no services	In-home, services
Alcohol dependence	22.2	46.7	97.1	88.4
Drug dependence	16.5	52.1	96.8	89.2
Alcohol or drug dependence	30.7	64.4	94.8	82.0
		Higher		Lower

In-home CWS services increase AOD detection

NSCAW: CWW Identification of Substance Abuse

- Of the caregivers who are alcohol dependent, 71% are classified by the CWW as not having an alcohol problem
- Of the caregivers who are drug dependent, 73% are classified by the CWW as not having a drug problem
- Of the caregivers who met alcohol screen, 86% are classified by the CWW as not having an alcohol problem
- Of the caregivers who met drug screen, 87% are classified by the CWW as not having a drug problem

NSCAW: Summary of Findings

- CWW's misclassify caregivers who are AOD dependent the majority of the time
- CWW's are even more likely to miss potential AOD problems among caregivers who use substances, but are not dependent
- CWW's are about twice as likely to identify an AOD problem when a case is opened

NSCAW: Implications

- Confirms that substance abuse is a significant issue among the child welfare population
- Confirms that a consistent response to substance abuse is not in operation as part of CWS
- CWW's need training regarding substance abuse detection
- Risk assessment should routinely include structured, brief substance abuse assessments

NSCAW: AOD Use and Risk Factors

	AOD Dependent	AOD Screen	Neither
Active D.Violence*	5	13	12
Recent arrest*	19	15	8
High stress in family	60	51	48
Another supportive caregiver present**	35	41	50
Low social support	32	29	27
Trouble paying for basic necessities	30	23	20
CG history of CAN	17	21	19

* p < .05; ** p < .01

Relationship Between AOD Use and Child Behavior Problems

	AOD Dependent	AOD Screen	Neither
Total CBCL ^{a,b}	63.6	58.4**	56.6**
Externalizing ^{a,b}	62.9	58.9*	56.6**
Internalizing ^{b,c}	58.3	55.1*	53.3**
Total TRF	56.5	55.6	55.5
Externalizing	59.3	58.4	57.0
Internalizing	54.9	54.1	54.4

a= Dependent higher than neither; b= dependent is higher than screen; and c=screen is higher than neither. * p < .05; ** p < .01

NSCAW: Relationship Between AOD Use and Child Development

	AOD Dependent	AOD Screen	Neither
BDI	43.4	40.5	41.2
Vineland			
0-2	95.5	98.4	96.4
3-5	84.0	92.4*	87.4
6-10	95.7	99.5	99.1
PLS-3	91.1	90.5	87.5
SSRS (11+)	86.4	90.5	92.5

* p < .05

NSCAW: Summary of Findings

- Differences in demographic characteristics between dependent, screened, and no AOD
 - Poverty (higher)
 - Recent Arrest (more often)
 - Another supportive caregiver present (less)
- Differences in child well-being scores:
 - Problem Behavior (more)
 - Developmental scores (no differences)

Maltreatment Type and Substance Abuse

	Physical Abuse	Sexual Abuse	Failure to Supervise	Failure to provide
Alcohol dependence- CIDI	-.01	-.04 <.05	.00	.04 <.05
Drug dependence- CIDI	-.05	.02	.07 <.0001	-.005
CWW indicates need for alcohol services	-.09 <.0001	.01	.031	.07 <.001
CWW indicates need for drug services	-.19 <.0001	-.06 <.01	.08 <.0001	.15 <.0001
Risk assessment indicates alcohol abuse	-.11 <.0001	-.04 <.01	.01	.12 <.0001
Risk assessment indicates drug abuse	-.11 <.0001	-.05 <.001	.05 <.001	.12 <.0001

NSCAW: Time to TPRR for Children in OOHC from BL to 18-Months

	Number of Children (unweighted)	Median	Mean
<i>PCG Problems with Alcohol Use</i>			
Yes	48	298	304
No	104	461	405
<i>PCG Problems with Drug use</i>			
Yes	106	321	361
No	55	465	414

Problems with Substance abuse more likely to be followed by TPRR

Problems with drug use have medians < means, indicating skewing toward shorter times

Among children who entered care and have not gone home by 18-month follow-up. Primary caregivers (PCGs) are primarily biological mothers (>80%)

TPRR by Top Caregiver Risks at BL

	<1 year	
	TPR	No TPR
Alcohol Use	23	25
Drug Use	57**	49
Recent Arrest	51	41
Domestic Violence	29	25
Low Social Support	73*	43
Difficulty paying basic expenses	81*	58

- Drug use by PCG is strongly associated with TPR for infants (at the time they enter care), although low social support and difficulty paying basic expenses are also factors
- For children adopted after entering care as older children, patterns are similar (but small sample size precludes significance testing)

* p <= .05 ** p <= .01

CFSR Findings

- A low and wide (16-48% of cases) range of CWS cases involve parental SA as **a** factor and 0-44% of cases as **the primary** factor
- Substance abuse by children also reported as a factor (in a few states that reported on this issue)

- SA services were reported to be unavailable, especially in rural areas
- Poor quality of assessments of SA were noted, especially, the lack of standardized risk assessment

Source: Young, et al. (2003)

NSCAW SAT Receipt at Baseline

	No CWS (%)	CWS (%)
Alcohol or drug dependent	11**	40
Alcohol or drug screen	2**	6
Alcohol dependent	4*	40
Alcohol screen	--	4
Drug dependent	15*	46
Drug screen	2*	7

* p < .05; ** p < .01

SAT receipt is higher when families receive In-home CWS

NSCAW AOD Service Receipt for Dependent Caregivers at Baseline

- Alcohol and drug use was most clearly associated with failure to provide and least associated with physical abuse
- Overall, 80% of caregivers self-reported to be dependent on alcohol or drugs did not receive services
- Overall, 85% of caregivers identified by the CWW as having an alcohol or drug problem did not receive services

AOD Service Referral and Receipt at 12 Months

	Referred (%)	Received services (%)	Proportion Received/ Referred
Alcohol or drug dependent	27	16	.59
Alcohol or drug screen	28	<1	.03
Alcohol dependent	9	9	1.00
Alcohol screen	12	<1	.08
Drug dependent	30	24	.80
Drug screen	32	<1	.02

Findings

- Caregivers with AOD problems are much more likely to receive AOD services at baseline if their case is open
- Now or Not:
 - The majority of caregivers who have an AOD problem and did not receive services at baseline are not referred in the next 12 months

NSCAW- and RWJF-Based Research Underway

- Detailed examination of which caregivers received services over 18 months
- Determine whether AOD services affect likelihood of re-reports
- Multivariate analyses of contribution of case characteristics, AOD services, and CWS to parent and child functioning

Other Research Needs: CWS and SAT Processes

- CWS and SAT and processes:
 - What contributes to **earlier identification** of the need for SAT for CWS caregivers
 - What contributes to **timely entry** into SAT for CWS involved caregivers
 - What contributes to **completion** of SAT for CWS involved caregivers
 - Is entry into and completion of SAT related to mandated CWS services
 - Is completion of SAT associated with CWS case status (i.e., placement, reunification, TPRR)

Other Research Needs: CWS and SAT Services

- Child welfare and substance abuse services and processes:
 - What contributes to safety outcomes for children of substance-involved (SI) caregivers
- Child Welfare Services:
 - What parent training models seem promising for SI caregivers
 - What in-home service models seem promising?
 - Do these differ from those for non-SI families?

Other Issues

- Newborns and Substance Abuse Exposure
 - CAPTA evaluation
- 6-10 year olds and SI caregivers
- Adolescent substance abuse as reason for CWS involvement
- Foster-care based mother and child recovery and parenting programs (e.g., shared family care)
- Child well-being and parental substance abuse

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