

Women and Recovery from Addiction

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Women Seeking Treatment in RI 2005-2009 (RI State Data)

- Mean Age: 21-45
(75%)

- Race/Ethnicity:

White – 80%

Black – 8%

Hispanic – 7%

All others – 5%

- Primary Substance of Abuse

Alcohol 35%

Non-prescription narcotic 23%

Cocaine/crack 18%

Marijuana/hashish 12%

Other opiates & synthetics 7%

Oxycontin 3%

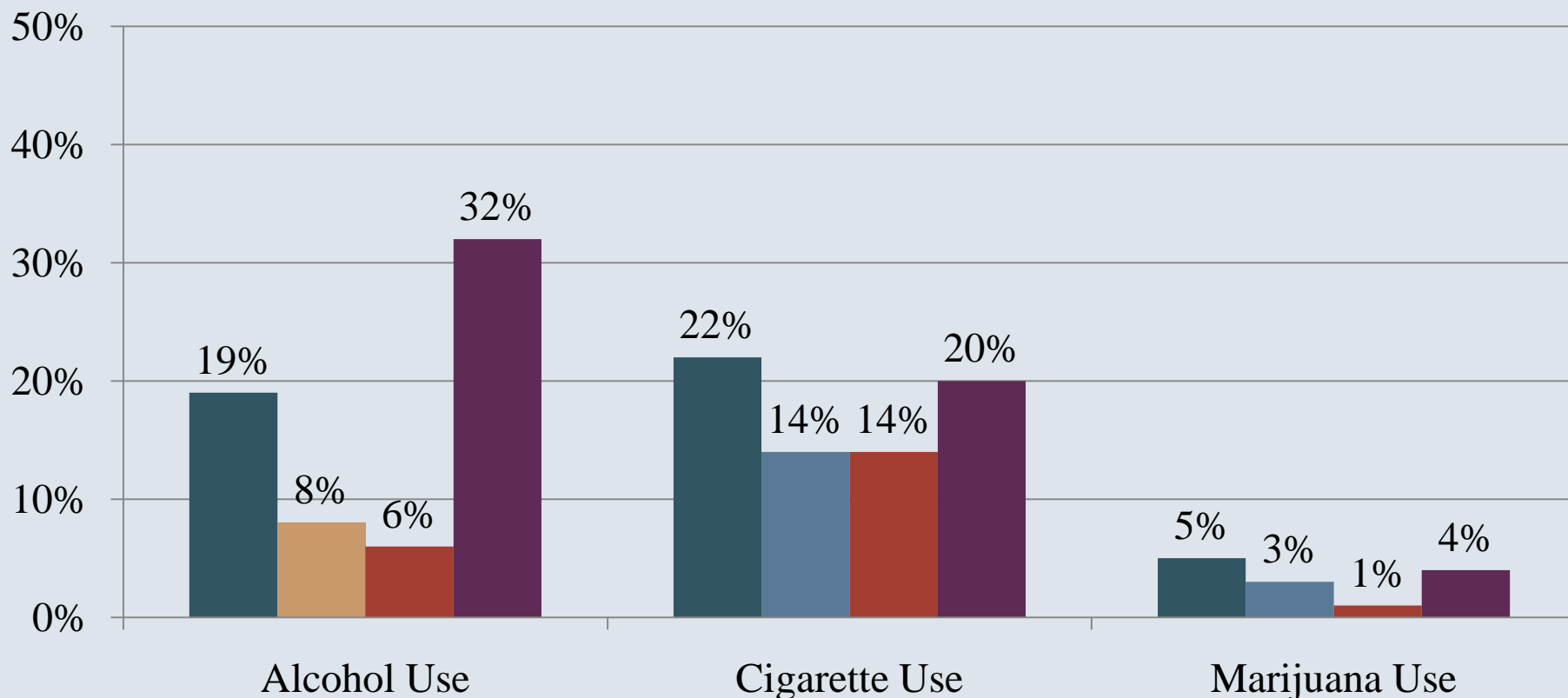
Project Data From:

- Project Link
- SSTARBIRTH
- Vulnerable Infants Program/
- RI Family Treatment Drug Court
- Project Connect (Dr. Olsen)

These are programs focusing on pregnant and parenting women and their families – pregnancy/birth is an opportunity for intervention

Percentage of US Women (Ages 18-44 Years) Reporting Past Month Alcohol, Cigarette, or Marijuana Use, by Pregnancy Trimester and Age of Youngest Child, 2002-2007

■ 1st Trimester ■ 2nd Trimester ■ 3rd Trimester ■ Not Pregnant, Child <3 Months Old



SOURCE: Substance Abuse and Mental Health Services Administration, "Substance Use Among Women During Pregnancy and Following Childbirth," The NSDUH Report, May 21, 2009.

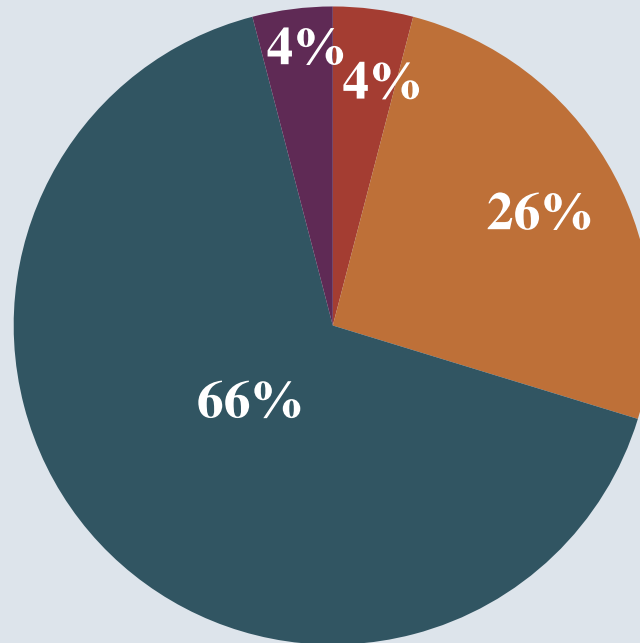
A Representative Program Participant

Descriptive Characteristics

- Postpartum (64%)
- White (75%)
- Age (average: 28.7 ; range: 18-43)
- HS grad or GED (55%)
- TANF as source of Income (52%)
- Limited Work History/Limited Vocational Training
- Not on Probation/Parole (56%)
- Previous substance abuse treatment (79%)

Average number of children 2.7 (range 1 – 7 children)

Primary Drug of Choice



■ alcohol ■ heroin/opiates ■ crack/cocaine ■ marijuana

<i>Average Age First Use*</i>	Age	Range
alcohol	14.5	5-34
marijuana	15.9	9-27
cocaine	20.9	12-37
heroin/other opiates	24.3	15-37

* for those who reported use

Mental Health/Primary Health at Enrollment

- 65% reported serious depression
- 72% reported serious anxiety/tension
- 56% reported trouble concentrating
- 45% were prescribed mental health medications
- 31% reported fair or poor (primary)health
- 47% reported unprotected sexual activity
(7% with an IV drug using partner)

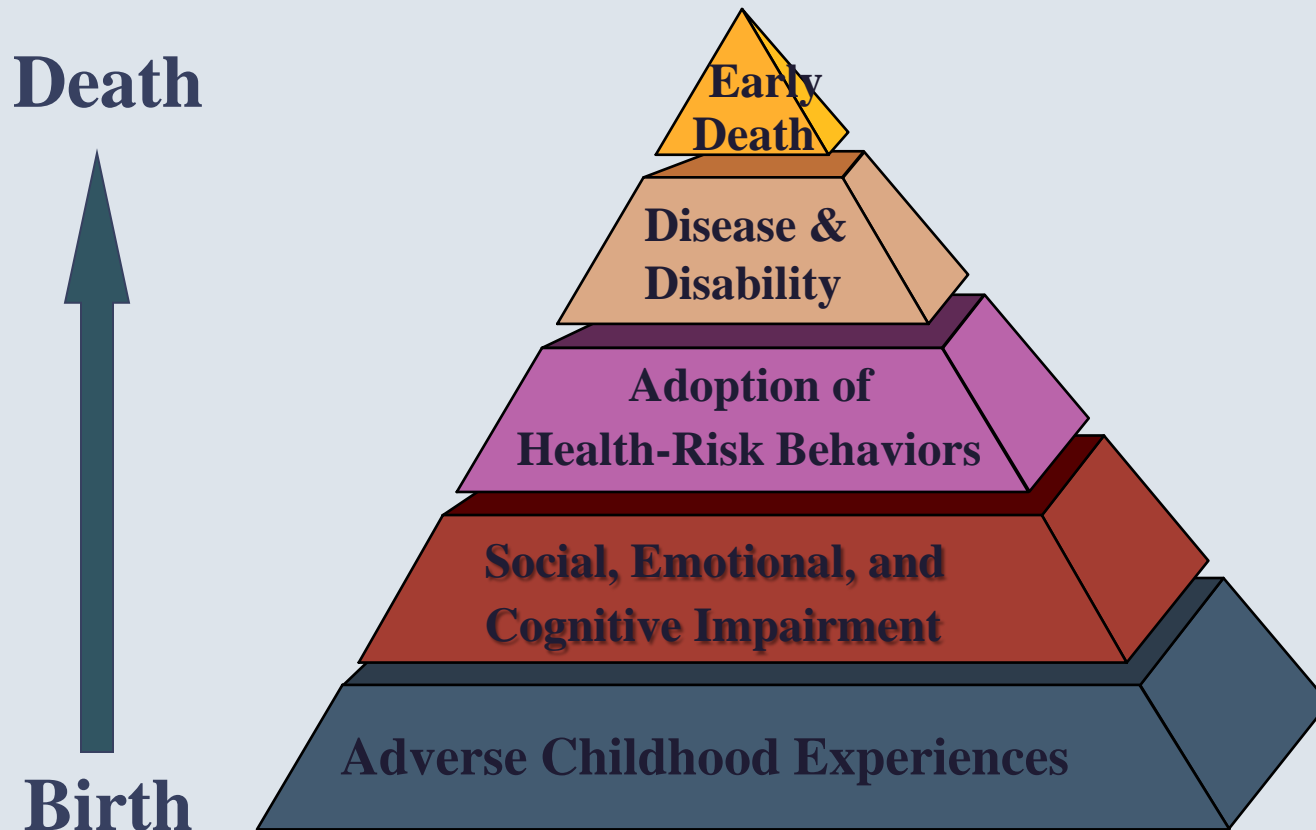
Traumatic Events

Traumatic Events Selected Data (N=151)	
Physical abuse as a child	51%
Physical abuse as an adult	76%
Sexual assault or rape as a child	50%
Sexual assault or rape as an adult	43%
Witnessed violence as a child	76%
<i>More than one violent trauma</i>	70%
Subset Reporting Non Violent Trauma (n=43)	
Loss of child by death/placement	84%
Separation from mother (<18)	60%
Separation from father (<18)	77%
Death of mother	19%
Death of father	30%
<i>More than one nonviolent trauma</i>	100%

“The truth about childhood is stored up in our bodies and lives in the depths of our souls. Our intellect can be deceived, our feelings can be numbed and manipulated, our perceptions shamed and confused, our bodies tricked with medication, but our soul never forgets. And because we are one, one whole soul in one body, someday our body will present its bill.”

Alice Miller

The Adverse Childhood Experiences (ACE Study)



Mechanisms By Which Adverse Childhood Experiences Influence Adult Health Status

Characteristics of VIP Infants at Birth

<i>Baby Race/ethnicity (n=400)</i>	
African American	18%
White	58%
Hispanic	15%
Other	10%
<i>Birthweight (n=388)</i>	
very low birthweight (<1500g)	7%
Low birthweight ($\geq 1500 < 2500$ g)	26%
normal birthweight (≥ 2500 g)	66%
<i>Gestational age (n=408)</i>	
preterm birth (< 37 weeks)	30%
fullterm birth ($\geq 37 < 43$ weeks)	69%
post term birth (≥ 43 weeks)	1%

Typical Parenting Issues

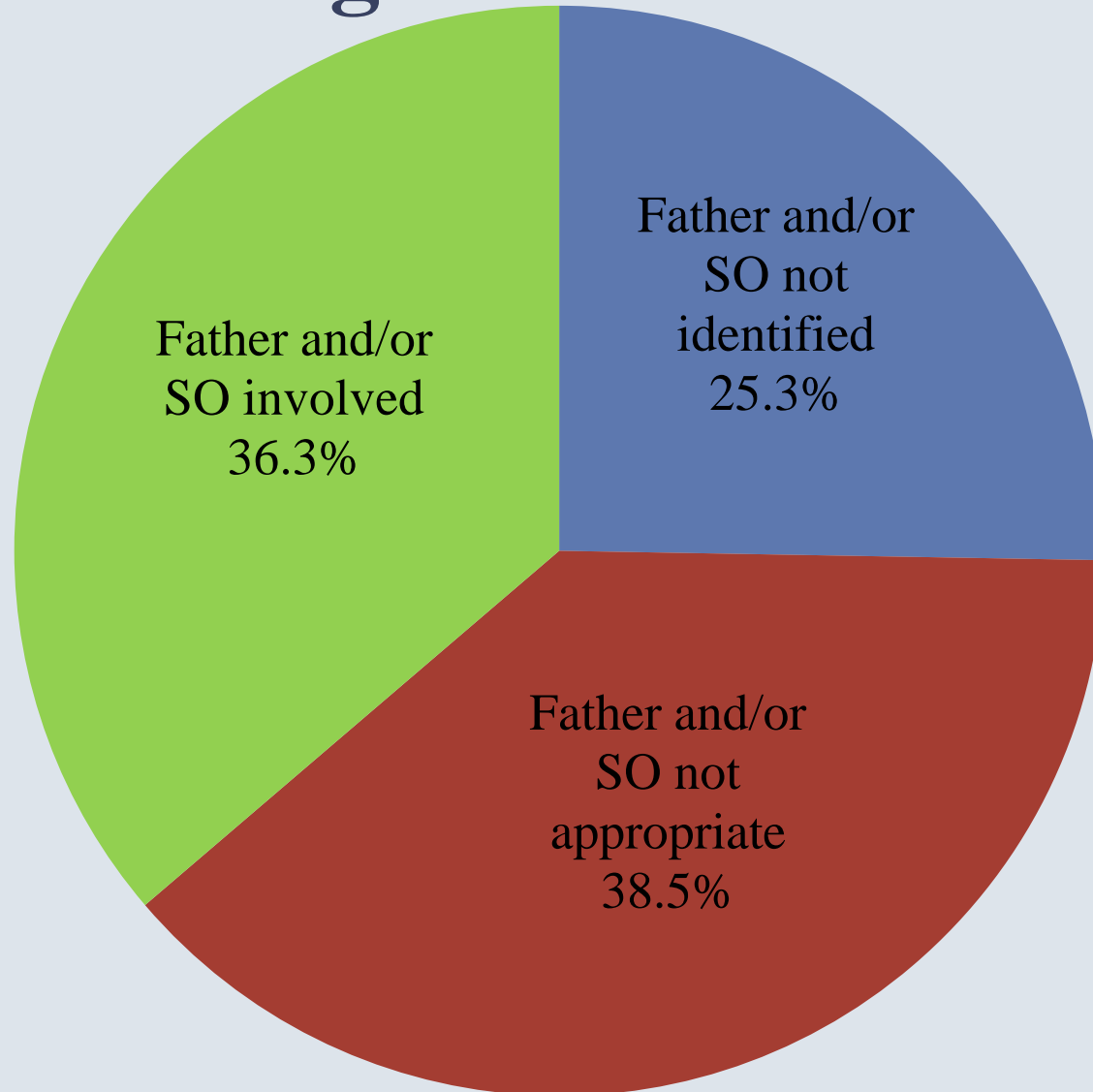
Children's Well-Being Survey Data

- Supervision of younger children
- Parental capacity for child care
- Parental recognition of problems
- Parental acceptance of and affection for children

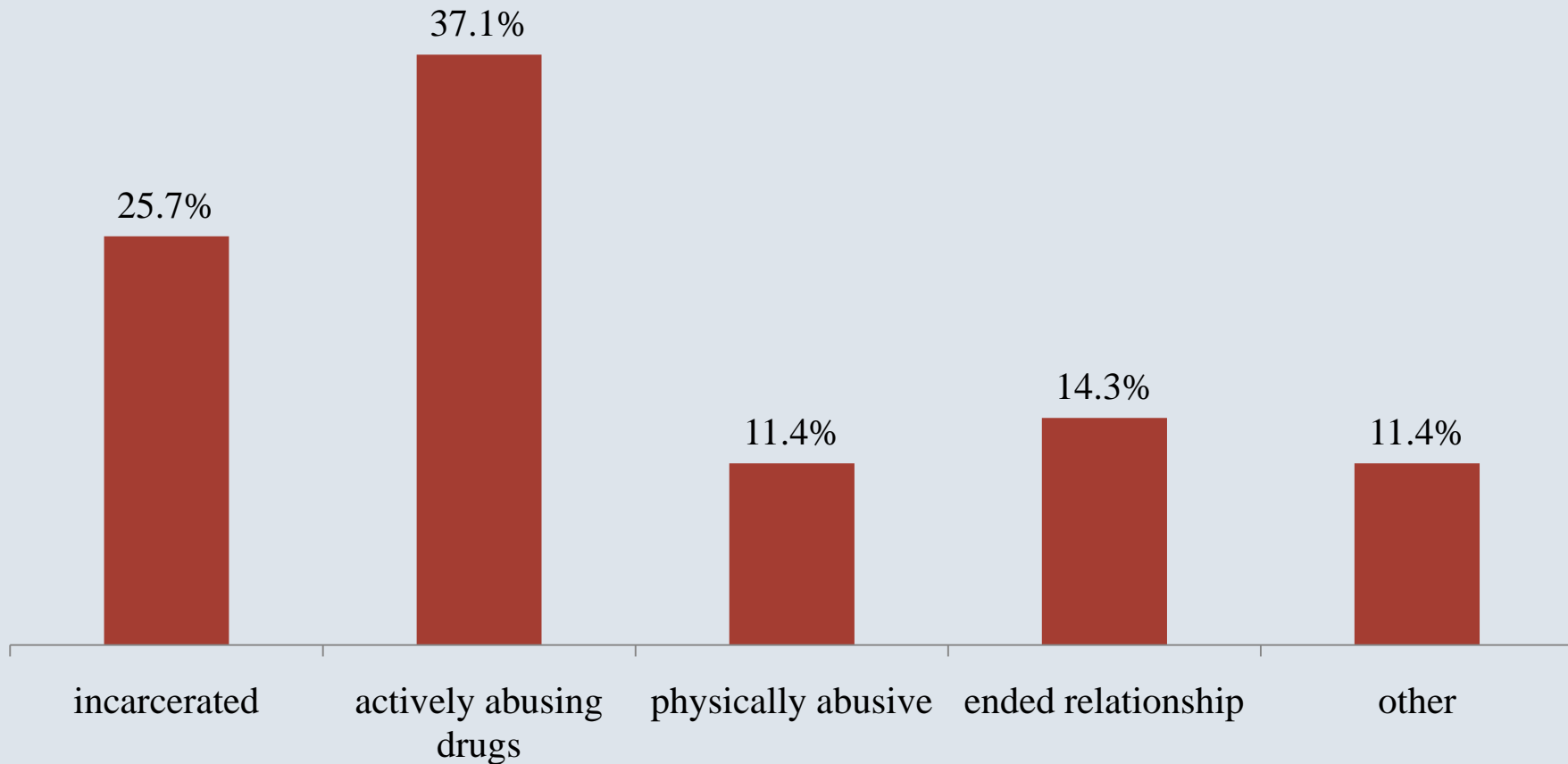
Adult/Adolescent Parenting Inventory Data

At least one high risk score for abuse/neglect	50%
Three Most Problematic Domains	
Empathy	35%
Roles	24%
Power/control	24%

Status of Involvement of Fathers and/or Significant Others



Reasons Fathers and/or Significant Others Not Appropriate N=35)



Most Commonly Cited Barriers To Treatment

- Guilt/ Shame/ Denial
- Fear that admission would lead to child removal/
(residential) Not wanting to be in treatment without
children
- Needing alcohol and/or drugs to cope with stress
- Having to wait for an opening/can't afford treatment

Women Seeking Treatment in RI 2005-2009 (RI State Data)

Primary Pay Source:

- Department of Behavioral Health 37%
- Private Insurance 16%
- Medicaid 16%
- RITE Care 13%
- Self Pay 8%
- Other State Departments 3%

Women Seeking Treatment in RI 2005-2009 (RI State Data)

Service Category

- Out-Patient (non-methadone) 41%
- Inpatient Detox 17%
- Outpatient (methadone) 16%
- Residential 9%
- Intensive Outpatient 9%
- Day TX/Partial Hospital 6%
- Outpatient Detox 2%

Specialized Services for Women with Addiction Issues and Their Children

- Integrated mental health treatment including trauma treatment (e.g., “Seeking Safety”)
- Care coordination/case management
- Parenting services (e.g., parent-child bonding, skills training)
- Infant/child assessment, mother-child bonding and treatment intervention
- Providing childcare, transportation, multiple services on-site

Program Completion Rates

	Completion Rate	LOS for Completers (months)
Project Link	52%	7.0
SSTARBIRTH	71%	10.1
VIP/FTDC	46%	14.1

Project Connect: 60 % of the families surveyed completed substance abuse treatment. Completion rates increased to 75% among the most highly involved families. Less involved families were less successful – 36% of these families completed treatment.

Program Outcomes

- *Abstinence:* by 6 months in the FTDC, with VIP participants showed improvement from a 51% abstinence rate to an 86% abstinence rate (the rate of change was 68%). At discharge (n = 116), 94% reported no recent substance use.
- *Mental Health*
 - VIP/FTDC:* The number of mothers with significant mental health symptom severity was 38% at enrollment, declining to 21% at follow-up.
 - Project Connect:* Forty percent of the parents who were highly involved in services made statistically significant improvements in their mental health ($p < .01$).

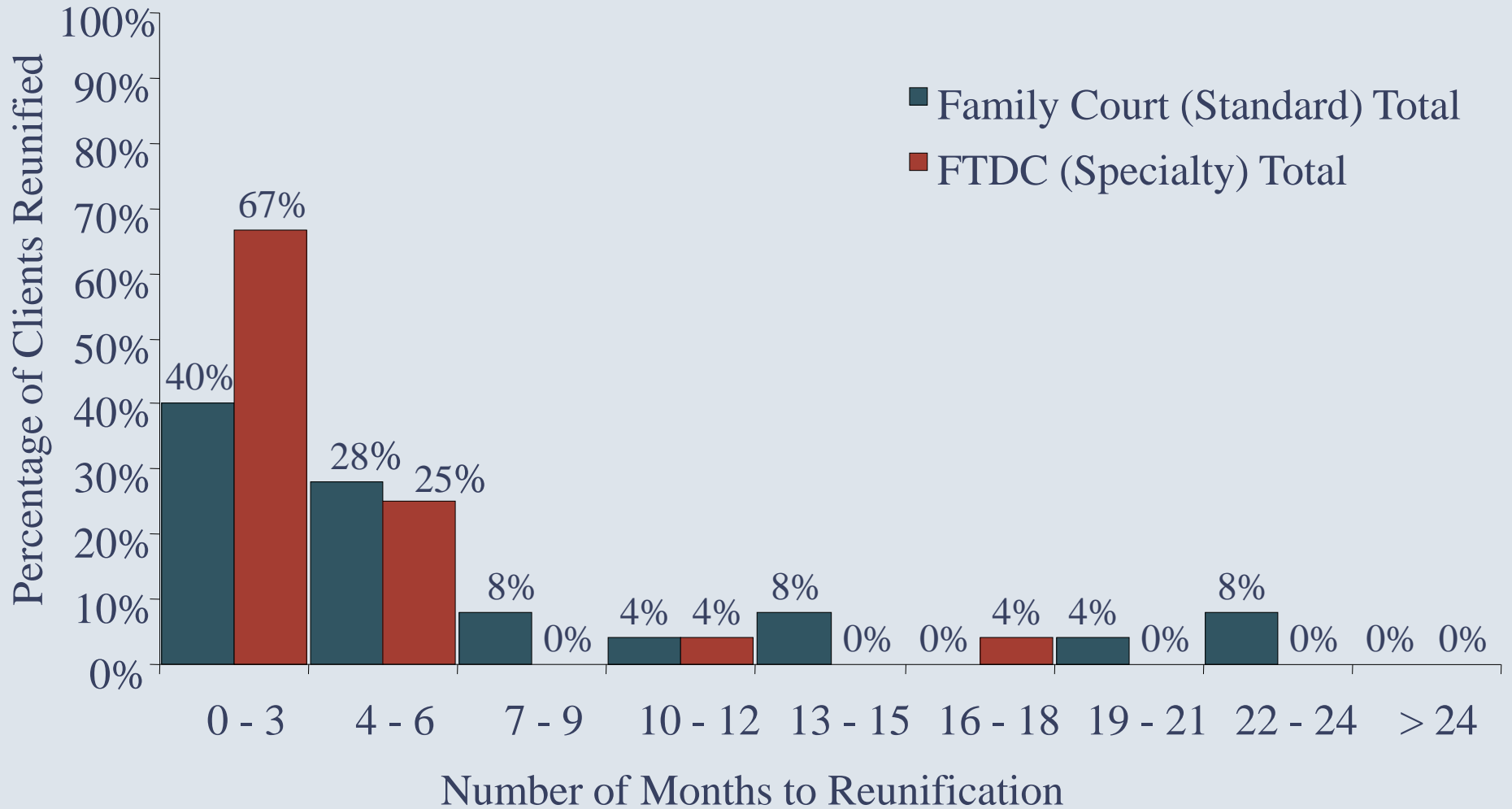
Parenting

- *VIP/FTDC*: The percent of mothers at high-risk (for child abuse and/or neglect) was 47% at enrollment, decreasing to 34% at 6 months post-enrollment. The greatest improvement was in the development of empathy for children.
- *Project Connect*: Sixty percent of parents who were highly involved in services made significant improvements in their disciplinary practices. There was a similar reduction in risk for physical abuse among these parents ($p < .05$).

Program Connect Outcomes: Family Reunification and Stability

- 82% of the children in families served by Project Connect were able to remain home safely.
- 59% of the children removed after their families' initial contact with the program were returned home. All but one returned home within 12 months.
- Parents who were highly involved in services were the most likely to be reunified with their children.

Average Time to First Reunification with Mother



VIP/FTDC Outcomes

- *Permanency*: 118 infants who were discharged from the FTDC project by 12/31/08 (57% of all) had achieved permanency at home with at least one biological parent (DCYF case closed).

Shorter time to reunification results in savings in foster care costs. The standard weekly rate for children up to age 3 (without special needs) is \$100.73, so the savings can be significant.

Project Link

Newborn Outcome Summary by Mothers' Timing of Enrollment (From Cost/Benefit Study, 05/92 – 10/95)

	Pregnant (N=61)	Postpartum (N=76)	P-Value
Average Birthweight	3143	2689	0.00
% of Birthweight <1500 Gram	1.6%	9.2%	0.06
Average Gestation (week)	38.8	36.7	0.00
% Gestation <37 weeks	12%	42%	0.00
% NICU Admission	26%	36%	0.24

Resource Use Summary by Mothers' Timing of Enrollment

	Pregnant (N=61)	Postpartum (N=76)	P-Value
Average Length of Stay	8.8	20.7	0.00
Average NICU Length of Stay	6.3	21.9	0.02
Average Total Charges	\$6,576	\$17,576	0.10

Implications for Practice and Policy

1. Services need to be comprehensive and holistic
 - Including integrated treatment for co-occurring substance abuse and mental health issues
 - Families face many challenges in addressing their mental health needs, and the domestic violence in their lives. Further supports are needed to help families reduce these risks.
 - Trauma informed systems of care for women are essential

Implications for Practice and Policy *cont.*

2. Services must be coordinated/Care coordination is needed for women with multiple vulnerabilities.
 - Connecting families who are in recovery with supportive services may help them successfully complete treatment, and reduce risks associated with unstable housing, untreated mental health, and domestic violence.

Implications for Practice and Policy *cont.*

3. We must provide a multigenerational family-centered system of care
 - Involving parents in recovery services that are family-centered can help to strengthen parent-child relationships and increase bonds with their children.
 - Fathers/significant others must be engaged in the recovery process when this does not compromise the safety of the family

Change is possible!

We can implement what we have learned, our best practices in our recovery oriented systems of care –

what we “know” can outweigh stigma, prejudice and misunderstanding.