HIGHLIGHTS

"The Co-occurring Conditions of Mental Illness and Substance Abuse: The Search for an Integrated Treatment Plan"
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Under the auspices of the Center for Advanced Studies in Child Welfare, School of Social Work and Center for Urban and Regions Affairs, University of Minnesota
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Introduction: Esther Wattenberg, Professor, Center for Advanced Studies in Child Welfare, Center for Urban and Regional Affairs, University of Minnesota

Characteristics of parents with substance abuse and mental health co-occurring disorders have a strong resemblance to empirically based descriptions of chronically neglecting families. However, there has not been much research regarding co-occurring disorders in child welfare. The Center for Advanced Studies in Child Welfare (CASCW) at the University of Minnesota has had a long-time interest in these issues. Ten years ago, a group of papers devoted to the phenomenon of chronically neglecting families was published under the title "Children in the Shadows." (Copies available upon request.)

Since then, three distinct social and environmental changes have occurred:

- Enactment of welfare reform. The elimination of AFDC and the introduction of Temporary Assistance to Needy Families were predicted to negatively affect child welfare. In fact, generally, child welfare cases have not risen dramatically, nor have numbers of children in out of home care increased greatly as a result of welfare reform.
- Advances in brain research. These discoveries are leading to a better understanding of the effects of early severe deprivation on brain development. Effects on children's' cognitive development and capacity for affect regulation have been found in several studies of brain development in neglected children.
- Methamphetamine and prescription drug abuse. This phenomenon has had a dramatic impact on rural child welfare practice and appears to be moving from the west coast of the United States into the mid-west.

Against this background, we are attempting to grasp the dimensions of the "Co-Occurring Conditions of Mental Illness and Substance Abuse." The question that persists is this: How do children fare in families enmeshed in long-standing, complex problems which severely limit their capacity to nurture and provide safety for their children?

Selected Observations: Dee Wilson, Director, Northwest Institute for Children and Families, School of Social Work, University of Washington.

The Scope:

Estimates of the percentage of adults in substance abuse treatment programs who have co-occurring mental health disorders range from 40-65%. Estimates based on clinical samples are much higher than estimates arrived at through community surveys.
Referring to a recent study (Newmann, Joy P., Sallman, Jolanda, "Women, trauma histories, and co-occurring disorders: Assessing the scope of the problem, " Social Service Review, September, 2004), Wilson noted that in a sample of over 200 women using publicly-funded services to respond to substance abuse or mental health problems, one-third had co-occurring disorders. Over 58% of the women receiving substance abuse treatment reported having a co-occurring mental health disorder within the past 12 months. 22% of women receiving mental health treatment reported having a substance abuse problem. In general, adults in substance abuse treatment programs were about 3 times more likely to have a co-occurring mental health disorder compared to the rate of substance abuse problems in adults receiving mental health treatment. Women are more likely to have co-occurring disorders than men possibly because of higher rates of depression and PTSD among women.

- Of those women identified with a co-occurring disorder in Newmann's and Sallman's study:
    - Most common mental health disorders were depression (48%), Post Traumatic Stress Disorder (PTSD) (30%), and bipolar disorder (32%).
    - 75% of women with co-occurring disorders had been physically and sexually abused; 1/5 of women with co-occurring disorders were in foster care as children; almost 2/3 had attempted suicide; 50% had lost their kids in coercive ways.
    - Women receiving treatment for either substance abuse or mental health in the study had incomes less than 1/3 the average income for women in the county (Dane County, Wisconsin).
    - A recent study of parents who had children in foster care in Cuyahoga County, Ohio (Wells & Shafran, Child Welfare, Jan/Feb 2005) found that 76% of the parents had incomes of less than $500 per month in the year following removal of their child or children.

Implications for Child Welfare

- The most striking fact associated with dual disorders of substance abuse and emotional disturbance is the history of trauma and violence in the early life of parents: sexual abuse, physical abuse, domestic violence are common features of early histories. (Newmann & Salomon, 2004; Hill, The Special Needs of Women with Co-Occurring Disorders Diverted from the Criminal Justice System, 2004)

- The implications: case plans are incomplete unless the history of trauma is acknowledged. An attempt to understand the parents' limitations/possibilities in improving capacity to care for the well-being of their children requires knowledge of the nature and consequences of early traumatic experiences. These parents are likely to have high rates of depression and/or post traumatic stress disorder, as well as a wide range of physical problems e.g., sleep disturbances, gastro-intestinal problems, headaches, and many other physical ailments as well. Personal safety is likely to be a major concern of adults with trauma histories.

The Factor of Poverty

- Poverty has a significant impact in the development of co-occurring disorders. The relationship between poverty and depression has been established by a number of studies (See Women, Work and Well Being, ed. by Lennon, 2001).

- Further, the relationship between poverty and mental health problems is rarely addressed in child welfare. Substance abuse problems are frequently identified without recognition of co-occurring mental health problems, especially depression.

- Growing up in severe poverty in the first 3 years of life has a major effect on child development; living in a family that has experienced long-term, severe, concentrated poverty has a significant impact on later the mental health problems of both adults and children. The duration and depth of poverty and its concentration in neighborhoods and communities are factors in the development of dual-disorders.

Understanding Causal Relationships

Understanding the causal relationships among substance abuse, mental health problems, histories of trauma and violence, and poverty is not well developed. Indeed, Kristine Nelson, a noted researcher in the field, refers to the complexity of factors in multi-problem families as the challenge of "cracking the code of chronic neglect." These causal relationships are difficult to untangle and will require careful research studies to understand better. In the meantime, it is useful to develop hypotheses regarding causal relationships to guide both practice and research. Once possible causal pathway is poverty and trauma→ mental health problems → substance abuse. In this formulation, substance abuse is a way of medicating mental health problems.

The State of Demoralization

Demoralization is a common emotional state of seriously troubled parents.

- Individuals feel overwhelmed with a sense of hopelessness and helplessness.

- In the presence of potentially traumatic events, individuals feel helpless based on an inability to take action or escape horrible events. This sense of a paralyzing incapacity to act which is characteristic of PTSD often combines with the hopelessness of depression to intensify "hopeless / helpless" reactions (Trauma and Recovery by Judith Herman, 1992 and 1997).

Importance of Long-Term Case Management: Reunification…A Time of High Stress

- Both substance abuse and many mental health disorders are chronically relapsing conditions; parents with co-occurring disorders are also likely to have serious long term problems related to poverty.

- When a family is reunified, the children's behaviors are likely to be affected by their experiences, both before and after placement. Relationships have to be re-negotiated in

reunification. The family constellation has frequently changed during the time children have been in out of home care. The family must have continuing support in order for the reunification to be successful. This is a time of high stress.

- When the family is out of the court system, the social worker's role should be acknowledged as one of providing proactive support, rather than acting in a surveillance capacity.

    - The inability to keep cases open after reunification (and continue to support the family) is a social policy issue, i.e., financial support to help families maintain their children is not available, but subsidies are provided to adoptive families for many years and it's possible to fund long term foster care.
    - Timelines in the child welfare system do not recognize treatment needs of parents.

- Substance abuse and mental health disorders should be treated simultaneously in one location through an integrated treatment plan, but these plans are difficult to organize and implement. Treatment programs of parents with co-occurring disorders require professionals with specialized knowledge in both substance abuse and mental health. In addition, programs must be trauma sensitive and attend to the multiple concrete and emotional needs of parents with children struggling to make ends meet.

Obligations for the Child Welfare System

- Advocacy for social policies that help families meet basic needs for stable housing, income, and health services.

Discussion

Issues of co-occurring disorders for Child Welfare:

- When is it safe to allow children to remain in the home?
- When is it safe to return children to a home after they have been removed?
- What level of functional improvement will enable a parent to retain and resume their parental role?
- When does marginal care cross the line into imminent harm?

These issues require comprehensive assessments, use of Structured Decision-Making, and assessment practices which integrate evaluations of family strengths and limitations. Creating a plan which brings together case information regarding substance abuse, mental health, domestic violence, and other background factors for families and children enmeshed in multiple systems is a challenge.

- Advances in direct practice may improve outcomes:

    - Motivational interviewing: helping individuals find the part of their lives that brings joy: asking people to look inside themselves to find where their hope lies. Utilizing the "miracle question" is an approach which engages some parents.
    - Focusing on the importance of beginning work with individuals and families by talking about hopes and dreams.

- Solution-focused practice, based on "stages of change" can be useful.
- Helping parents with parenting skills – a parent's level of depression may improve when the parent can effectively manage their child's behavior, according to some research studies.

Some obstacles to improved practice include: limited resources; court involvement may move the process too quickly; substance abuse treatment programs may exclude mental health issues or vice versa; agencies may place emphasis on closing out cases too quickly.

- Drug courts appear to be successful in working with families in child welfare: some of these courts have created a family friendly, therapeutic environment with lots of immediate feedback to parents. A judge who truly believes in the program is required, along with a comprehensive set of services.

Early Intervention

- Lack of interventions for young children in these co-occurring environments is noted as a serious gap in the child welfare field. Therapeutic child care programs are a scarce resource, but it's these types of programs which are needed to counteract the developmental effects of growing up in chronically neglectful families.

- Importance of prenatal care.

- Importance of investing in early childhood development; irritable, depressed and non-nurturing parents are most destructive to a child's development during children's early years.

- There is a need for child welfare advocates to demonstrate to legislators the cost savings in investing in early intervention resources for children in high risk environments.

Protective Factors in Communities

Look for the protective factors that may exist within low-income communities: caring neighbors, informal helping networks. Low-income communities that have higher levels of social integration e.g. higher employment rates, higher rates of housing stability, which allow families to feel that they have a stake in the community have fewer CPS referrals than other low-income communities.

Some Recommendations

Integrated treatment programs:

- It is important to develop an integrated treatment plan that includes both substance abuse and mental health treatment as part of a single plan. Traditional ideology of care may have to be confronted. Co-occurring disorders cannot be initially treated by insistence on abstinence from the addictive substance; a harm reduction approach should be considered. Substance abuse treatment providers may be wary of drugs prescribed by mental health programs. Examples of integrated case plans treating mental health and substance abuse in a staged way

are scarce. At a minimum, mental health programs and substance abuse programs should be co-located, and make use of a single treatment plan which gives equal weight to substance abuse and mental health disorders.

- Staff should be cross-trained in both areas.

- Comprehensive services should be available, such as transportation, housing, and child care.

- Long-term case management on the model created by mental health systems for chronically mentally ill adults should be established, with special attention to the safety and development of children.

- Treatment must be trauma sensitive and concerned with the personal safety of participants.

Paying Attention to the Children in Co-occurring Disorder Families: Resiliency

Because family problems cannot be immediately remedied, case plans should focus on the children and surround them with protective measures and supportive services.

- Child welfare field can also put resiliency findings into practice (stabilizing household; assuring a protective, loving, interested adult for each child), investing in development of talents and pro-social activities for school age children, empowering children to have input into important decisions which affect them.

- It is important to nurture and develop social capital by providing opportunities for children to develop social connections and a sense of responsibility for the community.

Meeting the needs of children in co-occurring disorders families: Best Practices

- There must be a shift toward more evidence-based practice, both inside the child welfare system and as regards funded services.
- Child welfare must fully utilize and support extended family systems.
- Child welfare should provide family group conferencing early on.
- A change of values must occur. There is an incapacity as a culture to value the environment where children grow up and develop. Early experiences have tremendous impact on child development; investments need to be made to increase the probability that infants' and toddlers' early experiences will be positive.

Wilson's observations from his training sessions throughout the state:

- Large differences exist in the resources of different counties throughout the state.
- Counties have varying judicial cultures. In the local courts there are notable differences in how judges and attorneys respond to child welfare cases.
- There are widely varying levels of staff experience and job stability among counties throughout the state.
- Some county based child welfare agencies are experiencing a much reduced level of chronic neglect, compared to Washington State.

- Methamphetamine use is a major concern of staff in most rural counties.
- Staff are looking for answers, not just analysis or understanding of chronic neglect; and want to know what they can do within current resources to improve interventions.

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