

Trying to Come Home: Substance Exposed Infants, Mothers and Family Reunification

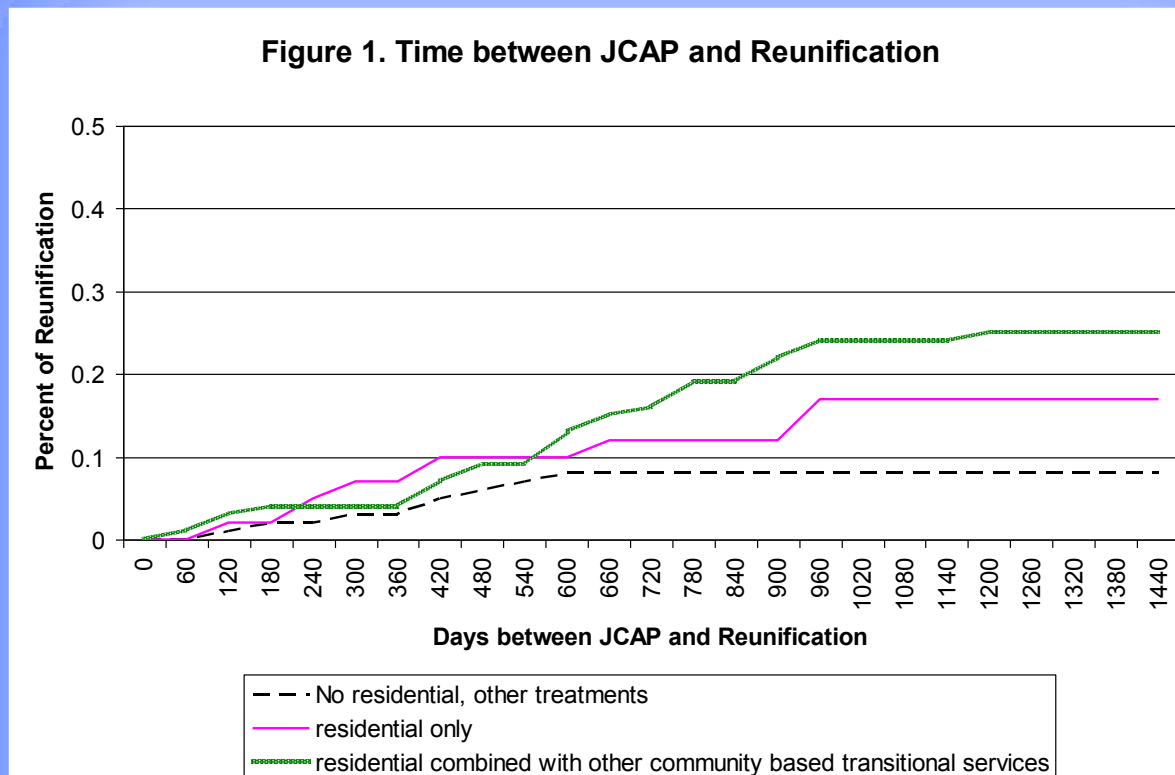
Hui Huang
Joseph P. Ryan



Purpose

To examine the role of residential treatment, and the role of residential treatment in combination with other community based approaches (e.g. outpatient, recovery homes) for substance abusing caregivers in child welfare.

Background



At the end of observation, parents in the residential treatment combined with other community based transitional services group achieved highest reunification rate; parents in the residential treatment only group achieved the second highest reunification rate; while parents in the other treatment group had the lowest reunification rate.

Research Questions

- Are specific treatment components associated with mothers' likelihood of making progress in treatment?
- Are specific treatment components and the status of making progress in treatment associated with the likelihood of achieving family reunification?

Sample Selection

The sample was selected from the Illinois Title IV-E Alcohol and Other Drug Abuse (AODA) waiver demonstration. The study population includes all mothers entering the demonstration waiver with a recent substance exposed infant. Our final sample is comprised of 210 substance exposed infants and their female caregivers.

Measures

The reunification data come from the IDCFS integrated database.

The treatment progress variable measures whether the caregiver has achieved at least substantial progress in substance abuse treatment. The treatment progress variable is extracted from the quarterly TRACCS forms.

The treatment component variable is a multinomial variable comprised of three categories, receiving treatment services other than residential, receiving residential treatment only, and receiving residential treatment combined with other community based transitional services. The treatment data were extracted from the electronic payment records.

The demographic characteristics of female caregivers and substance exposed infants are from JCAP assessment data.

Demographic Profile

Variable	Frequency	Percent
<i>Child demographics</i>		
Female	78	37.1
African American	181	86.2
<i>Female caregiver demographics</i>		
Prior SEI	135	64.3
Health insurance	89	42.4
Need domestic counseling	84	40.0
Need mental health services	59	28.1
<i>Treatment components</i>		
No residential, other treatments	100	47.6
Residential only	42	20.0
Residential combined	68	32.4

Analytic Approach

• Logistic regression is used to address our first research question, whether specific treatment components are associated with mothers' likelihood of making progress in treatment.

• Cox Regression is used to address our second research question, whether specific treatment components and the status of making progress in treatment are associated with the chance of achieving family reunification.

Findings and Conclusion

• Specific treatment components are associated with mothers' likelihood of making progress in treatment. The odds ratio from logistic regression indicates that, residential treatment is most effective when it is combined with other community based transitional services (OR=14.702, p<0.001).

• Specific treatment components are not significantly associated with family reunification, while making progress in treatment is positively associated with the chance of achieving family reunification (OR=8.724, p<0.001).

Conclusion

The findings indicate that residential services, in combination with other community based transitional programs, is one way to significantly affect the likelihood of treatment progress. And achieving substantial progress in substance abuse treatment is critical, and in fact seems to matter most for family reunification. Unfortunately less than one third of mothers receive residential and transitional services.

Next Steps

Additional questions to explore:

- Does the timing and the particular sequence of specific treatment services affect the likelihood of treatment progress – and thus in turn impact the likelihood of reunification?
- Does the duration of treatment services (i.e. dose effect) affect treatment progress and the likelihood of family reunification?
- If the evidence supports transitional services following residential services, why are so many mothers not connected with provides subsequent to their completion of residential care?

