Substance-Abusing Child Welfare Parents: Treatment and Child Placement Outcomes

Kathryn A. Gregoire and Delray J. Schultz

The authors present findings from their study of 167 child welfare parents referred for substance abuse assessments. Relationships between gender, prior treatment, court-ordered intervention, significant others' support, and treatment and placement outcomes are examined. Findings indicate significant others' support positively influences all outcomes while court-ordered intervention is not predictive. Prior treatment is associated with continued substance abuse. Gender differences exist for assessment completion and several client characteristics. Implications for practice are drawn.

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Substance abuse, including addiction, is a serious public health problem in the United States. Nearly 13.8 million adults abuse alcohol, including 8.1 million who are addicted (Grant et al., 1995). An estimated 13 million adults use illicit drugs or abuse prescription drugs, with approximately 3.5 million being chronic drug users (HHS/SAMSHA, 1996).

Background

Estimates of the numbers of children in the United States affected by parental substance abuse range from 8.3 million (Huang et al., 1998) to 17.5 million (Eigen & Rowden, 1995). The Child Welfare League of America (1997) found that parental substance abuse was present in at least half of the 970,000 child maltreatment cases in 1996. The National Committee to Prevent Child Abuse (1997) identifies parental substance abuse and poverty as the two major factors associated with placement of children. The U.S. Department of Health and Human Services (1997) reports growing numbers in foster care, with over 500,000 children in 1996, a 47% increase from the 340,000 cases in 1988. Caseworkers attribute both new entries and longer stays in large part to parents with chemical dependency (Tatara, 1992; Children's Defense Fund, 1995).

The literature consistently reports the coexistence of substance abuse and child maltreatment in the same families (Arellano, 1996; Bavolek & Henderson, 1989; Coleman, 1987; Hindman, 1977; Jaudes et al., 1995; Potter-Efron 1990; Senate Report, 1980). Although research demonstrates the effectiveness of interventions with persons with drug and alcohol problems in the general population, relatively little is known about interventions with substance-abusing child welfare parents (Dore & Doris, 1997).

The present study seeks to contribute to the small but growing body of literature on substance abuse interventions with child welfare parents. The literature suggests that gender mediates in all aspects of addiction and that prior treatment, court-ordered treatment, and significant others’ support positively influence intervention outcomes.
Gender

The literature reports that males and females experience onset and progression of, and recovery from, substance abuse differently (Kauffman et al., 1997; Nelson-Zlupko et al., 1995). Although men are less likely than women to engage in help-seeking behavior and treatment for psychosocial problems, women are less likely than men to seek substance abuse services (Reed, 1987; Thom, 1986).

Women tend to have lower treatment retention rates (Blume, 1990; Sansone, 1980) and to be underrepresented in substance abuse treatment (Center for Substance Abuse Treatment, 1994). Traditional treatment and 12-step recovery programs, based on a male model, do not meet the gender-specific needs of women, thus discouraging their involvement (Beckman, 1994; Finkelstein, 1994). Gender-specific treatment outcome data are needed to guide the design and adaptation of treatment methods specifically for women (Wilke, 1994).

Prior Treatment

Clients with prior treatment may be further along in the recovery process and better prepared to make a commitment to further treatment. In a study of a program developed to prevent the placement of children of substance-abusing parents, the most effective predictor of treatment completion and sobriety at three months after entry was previous treatment (Dore & Doris, 1997). Haller et al. (1993) found that those clients with less treatment experience were more likely to leave treatment before completion.

Court-Ordered Intervention

People with substance abuse problems are typically resistant to change; however, several studies find that legal coercion positively affects treatment retention, with court-ordered clients more likely to complete treatment than voluntary clients (Collins & Allison, 1983; Haller et al., 1993; McFarlain et al., 1980).
**Significant Others' Support**

Family and friends influence the decisions of persons with substance abuse problems to get help, complete treatment, and maintain sobriety. A study of people who had recently entered outpatient substance abuse treatment or Alcoholics Anonymous found that the groups who sought help had more encouragement to seek help and less encouragement to drink from family and friends (George & Tucker, 1996).

A meta-analysis of 21 studies from 1972 to 1993 of family-involved therapy for alcoholism concluded that family treatment motivates alcoholics to enter treatment. Perceived spousal support of abstinence positively affects decisions of clients when they are invested in the marriage relationship (Edwards & Steinglass, 1995).

**Significant Others' Support and Gender**

Gender plays a role in the influence of significant others in decisionmaking around the use of substances. Women report substance use by their male partners as a primary reason for their own substance abuse, especially with initial use (Gerstein et al., 1979; Gomberg & Lisansky, 1984). A two-year study found that 33% of female heroin addicts said a man influenced their decision to use drugs, while just 2% of men said a woman influenced them (National Center on Addiction and Substance Abuse, 1996).

Men are more likely to get support for treatment and recovery than are women; women are more likely to receive opposition to treatment from family, spouses, paramours, and friends than are men (Beckman & Amaro, 1986; Kane-Cavaiola & Rullo-Cooney, 1991; Reed, 1987).

The present study seeks to describe the outcomes of referring child welfare clients for substance abuse assessments, and when recommended, for treatment. The study further explores relationships between and among selected demographic and clinical variables, assessment and treatment completion, postreferral sobriety, child custody, and parental rights. The study compares assessment completers and noncompleters, treatment completers
and noncompleters, and parents with sobriety and without sobriety after referral, for gender, prior treatment, court-ordered assessment and treatment, and significant others’ support.

Methods

Subjects and Setting

The study population comprised 167 child welfare parents, age 18 years and older, consecutively referred for substance abuse assessments between April 1, 1990, and August 1, 1993, by caseworkers of Lancaster County Children and Youth Agency (CYA). Referrals came from all units, including Intake, Child Protective Services, and Foster Care. On a typical day during the 40-month study period, 70 CYA staff members were serving 2,000 families, with 300 children in foster care (CYA, 1994). Lancaster County, population 456,414, is located in South Central Pennsylvania (U.S. Census Bureau 1999).

Procedures and Measures

Caseworkers referred clients based on the worker’s professional judgement, without special training or use of standardized assessment tools. The director of social services reviewed and forwarded the referrals to a contracted chemical dependency specialist in the county who conducted the assessments and made treatment recommendations. Lancaster County CYA funded assessment, counseling, residential treatment, and aftercare services for clients through a “Pennfree” state grant, except for those few covered by private insurance or Medicaid.

Using an 84-item interview schedule developed for this study by the first author, the director of social services reviewed case records and conducted interviews with caseworkers to collect data on (1) the clients’ demographic and clinical characteristics at the time of referral for assessment; (2) completion of assessment and recommended treatments at nine months after referrals; (3) support of clients’ participation in assessment and treatment by sig-
significant others from the time of referral to nine months after the referral; (4) sobriety status at nine months after referral; and (5) child custody and parental rights at two years after referral.

For a client to be categorized as having completed assessment, he or she had to attend two assessment sessions, completing the Biopsychosocial History Part I and II (Birmingham & Hill, 1990), administered at a substance abuse outpatient program. To be considered as having completed treatment, a client had to comply with the recommended substance abuse treatment regimen included in his or her agency family plan. Treatment modalities included inpatient, partial hospitalization, intensive outpatient, and outpatient treatment programs. The protocol for a particular client might include one, several, or all modalities.

To determine whether a client had significant others' support for participation in assessment and recommended treatment, the case reviewer first identified the adult person who appeared to have the most significant relationship with the client, such as his or her spouse, paramour (live-in unmarried partner), parent, or sibling. The case reviewer then assessed whether the reported behaviors of the significant other indicated support. Supportive behavior indicators were statements of support made to the agency caseworker by the significant other about assessment and treatment, attendance at 12-step family meetings, participation in counseling sessions, providing transportation to services, and willingness to keep the home free of alcohol and drugs.

Significant others' behaviors toward clients were initially categorized as supportive or nonsupportive. The category of nonsupportive was further broken down into neutral and opposing to allow for a fuller understanding of the nature of the response of the significant others to the substance abuse intervention with the client. Neutral significant others did not provide support nor actively oppose assessment, treatment, and recovery, or actively encourage substance abuse. Opposing significant others discouraged the recovery process and actively encouraged substance abuse.
The case reviewer identified whether the client was sober (no substance use or related problems) or not sober (abusing substances) by examining indicators of problem use. Indicators included the physical appearance of the client, the presence of alcohol and drugs or paraphernalia, statements by the client or others concerning use or related problems, failed drug tests, arrests related to use, and child maltreatment referrals.

The case reviewer determined custody and parental rights statuses for each child through a search of agency legal documents. The study defined child custody as the physical/legal custody of a child, with the overall responsibility for the daily care of the child, with custody being held either by the parents or by the agency through an award by the family court. The case reviewer also ascertained whether the parents maintained their parental rights (legal rights and corresponding responsibilities for a child not based on custody, such as the rights to provide support, regain custody, make major decisions, and visit) or whether the rights had been terminated by a judge.

**Analysis**

Frequencies of demographic and clinical characteristics and referral outcomes were computed. When comparing groups, tests of independence were conducted using chi-square tests, with a .05 level of significance to declare a difference. Exact tests were used where appropriate.

**Findings**

The study describes the demographic and clinical characteristics of child welfare parents at the time of referral for substance abuse assessment and the intervention outcomes at selected time periods after the assessment referral was made. It then compares (1) male and female clients by demographic and clinical characteristics and intervention outcomes; (2) clients who completed and did not complete assessment by clinical characteristics and inter-
vention outcomes; (3) clients who completed and did not complete treatment by clinical characteristics and intervention outcomes; and (4) clients who were sober and not sober after referral by clinical characteristics and intervention outcomes.

**Demographic and Clinical Characteristics**

Of the 167 adult clients referred for assessment, 111 (64.5%) were over the age of 25, 119 (71.3%) were Caucasian, 99 (59.3%) were female, and 91 (54.5%) were living with a spouse or paramour. The drugs most commonly reported as problematic were alcohol for 133 (88.1%) clients and cocaine for 77 (61.1%) clients. Seventy (52.6%) of the clients were known to have prior substance abuse treatment. The agency family plan was court-ordered for the 124 (74.3%) clients who had children in CYA foster or kinship care. The most frequently cited reason for custody and placement petitions, substance abuse of caregiver, was recorded on 93 (72.7%) of the 124 court petitions. Of the 149 clients for whom it was possible for the child welfare caseworkers to assess use of substances by their spouses and paramours, 93 (62.4%) had spouses or paramours with substance abuse problems.

Thirty-five (21.0%) clients were described as having significant others who supported the substance abuse assessment and treatment; 132 (79.0%) did not have the support of significant others. Further analysis of the nonsupportive significant others revealed that 61 (36.5%) of the 167 clients had neutral significant others, and 71 (42.5%) had opposing significant others.

**Intervention Outcomes**

Assessments were completed by 115 (68.9%) of the 167 referred clients. Of the 142 clients whose agency family plans included treatment, 36 (23.4%) completed the recommended regimen. Of the 141 clients on whom there was information nine months after the assessment referral, 55 (39.0%) were described as being sober. Seventy-nine (47.3%) clients had child custody at two years after assessment referral; 132 (79.0%) maintained parental rights.
Gender

As described in table 1, gender differences by age, income, substance abuse by spouse or paramours, significant others' support, and assessment completion were found. A greater percentage of females than males were between ages 18 and 25 (43.4% v. 19.1%, \( p = .001 \)); earned under $10,000 or were on welfare (73.6% v. 39.0%, \( p < .001 \)); had a spouse or paramour with a substance abuse problem (74.1% v. 46.9%, \( p = .001 \)); and had an outcome of assessment completion (74.7% v. 60.3%, \( p = .048 \)). A greater percentage of males than females had significant others' support (30.9% v. 14.1%, \( p = .009 \)). Differences in the percentages of males and females for neutral significant others or opposing significant others did not reach statistical significance. Gender differences were not found in comparisons of race or ethnicity, marital status, alcohol or cocaine use, prior treatment, court-ordered intervention, treatment completion, and outcomes of sobriety, child custody, and parental rights.

Assessment Completion

Significant others' support was positively associated with assessment completion (27.8% v. 5.8%, \( p = .001 \)), as presented in table 2. Further analysis indicated that clients with supportive significant others had higher assessment completion rates than clients with neutral significant others (91.4% v. 65.5%, \( p = .005 \)) or opposing significant others (91.4% v. 60.5%, \( p = .001 \)). There was no difference in assessment completion rates between clients with neutral significant others and clients with opposing significant others. Assessment completion rates did not differ for prior treatment or court-ordered intervention.

Postreferral sobriety and parental rights outcomes were positively associated with assessment completion. The percentage of clients with sobriety was higher in the group that completed assessment than in the group that did not complete assessment (52.0% v. 5.1%, \( p < .0001 \)). The percentage of clients with parental rights was higher in the group that completed assessment than
<table>
<thead>
<tr>
<th>Demographic Characteristic</th>
<th>Males (n = 68)</th>
<th>Females (n = 99)</th>
<th>Total (%)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 18-25 years</td>
<td>167</td>
<td>13 (19.1)</td>
<td>43 (43.4)</td>
<td>56 (33.5)</td>
</tr>
<tr>
<td>Welfare/under $10,000</td>
<td>132*</td>
<td>16 (39.0)</td>
<td>67 (73.6)</td>
<td>83 (62.9)</td>
</tr>
<tr>
<td>Caucasian</td>
<td>167</td>
<td>50 (73.5)</td>
<td>69 (69.7)</td>
<td>119 (71.3)</td>
</tr>
<tr>
<td>Spouse/Paramour</td>
<td>167</td>
<td>41 (60.3)</td>
<td>50 (50.5)</td>
<td>91 (54.5)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Characteristics</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Problem</td>
<td>151**</td>
<td>57 (90.5)</td>
<td>76 (86.5)</td>
<td>133 (88.1)</td>
</tr>
<tr>
<td>Cocaine Problem</td>
<td>126**</td>
<td>28 (57.1)</td>
<td>49 (63.3)</td>
<td>77 (52.6)</td>
</tr>
<tr>
<td>Prior Treatment</td>
<td>133*</td>
<td>26 (38.2)</td>
<td>44 (44.4)</td>
<td>70 (52.6)</td>
</tr>
<tr>
<td>Court-Ordered Intervention</td>
<td>167</td>
<td>50 (73.5)</td>
<td>74 (74.7)</td>
<td>124 (74.3)</td>
</tr>
<tr>
<td>Sig. Other Substance Abuse</td>
<td>149*</td>
<td>30 (46.9)</td>
<td>63 (74.1)</td>
<td>93 (62.4)</td>
</tr>
<tr>
<td>Significant Other Support Support</td>
<td>167</td>
<td>21 (30.9)</td>
<td>14 (14.1)</td>
<td>35 (21.0)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention Outcomes</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment Completed</td>
<td>167</td>
<td>41 (60.3)</td>
<td>74 (74.7)</td>
<td>115 (68.9)</td>
</tr>
<tr>
<td>Treatment Completed</td>
<td>142****</td>
<td>14 (23.7)</td>
<td>22 (26.5)</td>
<td>36 (23.4)</td>
</tr>
<tr>
<td>Sobriety</td>
<td>141*</td>
<td>21 (38.1)</td>
<td>34 (39.5)</td>
<td>55 (39.0)</td>
</tr>
<tr>
<td>Child Custody</td>
<td>167</td>
<td>36 (52.9)</td>
<td>43 (43.4)</td>
<td>79 (47.3)</td>
</tr>
<tr>
<td>Parent Rights</td>
<td>167</td>
<td>54 (79.4)</td>
<td>78 (78.8)</td>
<td>132 (79.0)</td>
</tr>
</tbody>
</table>

* Data not available on all clients.
** More than one answer possible.
*** Number referred for treatment.
in the group that did not (84.3% v. 67.3%, \( p = .012 \)). The percentage of clients who completed assessment and who did not complete assessment did not differ for child custody.

**Treatment completion**

Significant others' support was positively associated with treatment completion (33.3% v. 17.0%, \( p = .081 \)), as presented in table 3. Further analysis indicated that clients with supportive significant others had higher treatment completion rates than clients with opposing significant others (23.1% v. 55.0%, \( p = .014 \)), and clients with neutral significant others had higher completion rates than clients with opposing significant others (23.1% v. 48.2%, \( p = .034 \)). There was no difference in treatment completion rates between clients with supportive significant others and clients with neutral significant others. Treatment completion rates did not differ for prior treatment or court-ordered intervention.

Postreferral sobriety outcome was positively associated with treatment completion. The percentage of clients with sobriety was higher in the group that completed treatment than in the group that did not (61.1% v. 17.9%, \( p < .0001 \)). The differences did not reach statistical significance in the percentages of clients who completed treatment and did not complete treatment for child custody and parental rights.

**Postreferral Sobriety**

Continued substance abuse, or absence of sobriety, was associated with prior treatment, as presented in table 4. The percentage of clients who had prior treatment was lower in the group with sobriety than in the group without sobriety (40.0% v. 62.3%, \( p = .016 \)). Sobriety outcomes were not associated with court-ordered treatment.

Sobriety was associated with significant others' support (43.6% v. 11.6%, \( p = <.0001 \)). Further analysis indicated that clients with supportive significant others had higher rates of sobri-
Comparisons of Child Welfare Clients Who Completed and Did Not Complete Assessments by Clinical Characteristics and Intervention Outcomes (*N = 167*)

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Completed (n = 115) freq. (%)</th>
<th>Not Completed (n = 52) freq. (%)</th>
<th>Total (%)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Treatment</td>
<td>57 (53.3)</td>
<td>13 (50.0)</td>
<td>70 (52.6)</td>
<td>.764</td>
</tr>
<tr>
<td>Court-Ordered Intervention</td>
<td>89 (77.4)</td>
<td>35 (67.3)</td>
<td>124 (74.3)</td>
<td>.167</td>
</tr>
<tr>
<td>Significant Other Support</td>
<td>32 (27.8)</td>
<td>3 (5.8)</td>
<td>35 (21.0)</td>
<td>.001</td>
</tr>
</tbody>
</table>

**Intervention Outcomes**

- **Sobriety**
  - Completed: 53 (52.0)
  - Not Completed: 2 (5.1)
  - Total: 55 (39.0) *p < .0001*

- **Child Custody**
  - Completed: 56 (48.7)
  - Not Completed: 23 (29.1)
  - Total: 79 (47.3) *p = .593*

- **Parent Rights**
  - Completed: 97 (84.3)
  - Not Completed: 35 (67.3)
  - Total: 132 (79.0) *p = .012*

ety than clients with neutral significant others (70.6% v. 41.7%, *p = .011*) and higher rates than clients with opposing significant others (70.6% v 18.6%, *p < .0001*). Clients with neutral significant others had higher rates of sobriety than clients with opposing significant others (41.7% v. 18.6%, *p = .009*).

Clients with sobriety at nine months after the referrals were more likely than were clients without sobriety to keep or regain child custody and to maintain parental rights. The percentage of clients with child custody was higher in the group with sobriety than in the group without sobriety (65.5% v. 36.0, *p = .001*). The percentage of clients with parental rights was higher in the group with sobriety than in the group without sobriety (98.2 % v. 67.4%, *p < .0001*).

**Discussion**

Clients who completed assessment and treatment had higher rates of postreferral sobriety than did noncompleters, affirming the value of intervention. Unfortunately, nearly one-third (31.1%) of the clients did not complete the substance abuse assessment required by the agency family plan. Additionally, the low rate of
treatment completion (23.4%) and high rate of continued substance abuse (61.0%) for these child welfare clients illustrate how difficult it is to intervene in addiction. The effects of substance abuse on the families was devastating, with 52.7% of parents not having custody, including 21% who had lost all parental rights by two years after the assessment referral.

Significant others' support emerged as having a strong relationship with treatment and custody outcomes. Gender differences existed, with females less likely to receive support than males. Concurrently, females were also more likely than were males to have substance-abusing spouses or paramours, which may in part account for this lack of support. These women were also younger and had lower incomes, increasing their vulnerability to remaining with these nonsupportive men. Findings are consistent with the portrayal of chemically dependent females in the literature, where women are found to be more likely than men to have a spouse with alcoholism (Lex, 1994), to have fewer financial resources, and to be the primary caregivers of their children (Nelson-Zlupko et al., 1995).

Prior treatment was associated with continued substance abuse after the referral, rather than with sobriety. Prior treatment
Comparisons of Child Welfare Clients with and Without Postreferral Sobriety by Clinical Characteristics and Intervention Outcomes ($N = 141$)

<table>
<thead>
<tr>
<th>Clinical Characteristics</th>
<th>Sobriety ($n = 55$)</th>
<th>Without Sobriety ($n = 86$)</th>
<th>Total (%)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Treatment</td>
<td>freq. (%)</td>
<td>freq. (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26 (40.0)</td>
<td>43 (62.3)</td>
<td>63 (52.9)</td>
<td>.016</td>
</tr>
<tr>
<td>Court-Ordered Intervention</td>
<td>43 (78.2)</td>
<td>62 (72.1)</td>
<td>105 (79.4)</td>
<td>.419</td>
</tr>
<tr>
<td>Significant Other Support</td>
<td>24 (43.6)</td>
<td>10 (11.6)</td>
<td>34 (24.1)</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Intervention Outcomes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Custody</td>
<td>36 (65.5)</td>
<td>31 (36.0)</td>
<td>67 (47.5)</td>
<td>.001</td>
</tr>
<tr>
<td>Parent Rights</td>
<td>54 (98.2)</td>
<td>58 (67.4)</td>
<td>112 (79.4)</td>
<td>&lt;.0001</td>
</tr>
</tbody>
</table>

may indicate addiction, whereas no prior treatment suggests less severe involvement with drugs and alcohol.

Court-ordered treatment did not appear to make a difference in outcomes for these clients. A number of explanations are possible, including that the court-ordered and noncourt-ordered comparison groups might have differed in level of severity of their substance abuse. Court orders usually occur when child maltreatment has reached the point that the children have been removed from the home, indicating a severe level of substance abuse with a poor prognosis. A noncourt-ordered agency family plan might be appropriate for clients with less severe substance abuse, indicated by their being able to maintain child custody.

Given the inherent limitations of descriptive and exploratory studies, the findings must be approached with caution. Consideration should be given to the fact that caseworkers were not always able to obtain verifiable and complete information from clients. Missing data were particularly problematic when 26 clients were not available for substance abuse assessment at nine months after initial referrals. Reliability would be improved with larger comparison groups, especially the treatment completers ($n = 36$). Measurements of substance use and levels of support were based on clinical assessments by untrained child welfare caseworkers; use of validated as-
essment tools by trained caseworkers or certified drug and alcohol specialists would strengthen future research.

This study advances our knowledge regarding the outcomes of referring child welfare parents for substance abuse assessments and draws attention to the need for continued research, particularly regarding the importance of significant others’ support in the recovery process. Despite referrals and availability of services, clients continued to abuse substances and were unable to parent their children, highlighting the fact that child welfare agencies must do more than make standard referrals for assessment and treatment of substance-abusing parents.

Strategies that appear to hold promise require shifting the focus from the substance-abusing parent to the total family context, including significant others (Magura & Laudet, 1996), and the provision of ongoing support services for clients and their families in recovery. According to Finkelstein (1994), the role of significant others must be recognized if substance abuse interventions are to be successful and recovery is to be maintained. Caseworkers should assess the needs and roles of significant others before any intervention is done with addicted persons. This is critical given that more than half of the substance-abusing clients in this study were involved with someone who had drug and alcohol problems. Significant others are not likely to provide support for someone else’s recovery until they have committed to their own recovery.

Given the obstacles to recovery and the power of addiction, clients and their significant others need multiple sources of support. In the early stages of recovery, child welfare caseworkers, substance abuse professional and paraprofessional treatment personnel, and other recovering people who are part of aftercare programs and 12-step groups are in key positions to provide support. Caseworkers can increase the likelihood of recovery for addicted persons and their families by making referrals to inpatient and outpatient treatment programs that provide family counseling (Rotunda & O’Farrell, 1997).
To assist clients with ongoing recovery, workers can strengthen existing support systems and link clients with new ones. Single parents or those with oppositional partners especially benefit from formal programs. Parenting classes and groups, particularly those designed for persons in recovery, offer support as well as education. Often, faith-based organizations can address both the spiritual and social needs of clients in a safe environment. Former substance-abusing clients who have successfully integrated into the community are able to serve child welfare families as paraprofessionals, offering hope and modeling recovery.

Agencies need to take additional steps to educate and cross-train child welfare and substance abuse services staff (Dore et al., 1995; Gregoire, 1994; HHS/SAMSHA, 1999; Reid & Foster, 1999) and to develop mechanisms for collaboration between the two systems (Young & Gardner, 1998; HHS/SAMSHA, 1999). Communities need innovative ways to assist our most troubled families, with partnerships essential for progress. Reid and Foster (1999) describe six promising innovations that had some evidence of positive outcomes for children whose parents are substance abusers.

Attention to the needs of child welfare families with substance abuse problems is especially critical, given the implementation of the Adoption and Safe Families Act (P.L. 105-89). To meet its 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 these families.

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Eigen, L., & Rowden, D. (1995) A methodology and current estimate of the number of


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