



THE OREGON
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Substance Abuse Treatment for Pregnant Women & Parents

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Overview

Recovery and treatment approaches for adults with mental and addictive disorders increasingly follow a new path. Research calls for the integration of services both during treatment and across time, including prevention and follow-up support.

“Historically, recovery has been regarded as abstinence from drugs or the absence of symptoms. But emerging definitions seek to go beyond abstinence or absence to include re-engagement with life” (Curie, 2004).

An increased emphasis on prevention is part of this framework. Many strategies, recommended practices and national initiatives are relevant as communities seek to support parents toward personal and family health. Family support/early intervention for parents at risk for substance abuse problems and programs for children that address their emotional and other developmental needs are clearly linked to substance abuse prevention, treatment and recovery solutions. Whether these recommended practices come from the substance abuse treatment, children’s mental health, child welfare or family support arenas, common themes emerge across disciplines.

Integration of Treatment

Adults, particularly pregnant women and parents, face complex issues that are interconnected with their recovery issues. Treatment needs to address, through follow-up and/or through collaborative linkages, other problems individuals face, such as mental health, domestic violence, housing, job, and children/family issues. Researchers in the field of co-occurring substance abuse and mental health disorders have identified three key components of integrated treatment: (1) the treatment team or individual clinician needs to be qualified to address both mental health and substance abuse disorders; (2) treatment needs to be sequenced appropriately, with motivation to change part of the first stage; (3) and other life issues and challenges need to be addressed.

Parenting Issues

The parenting role often provides the motivation for adults to seek treatment and maintain recovery. However, this role is complex for both parent and child. Substance abuse, trauma and mental health issues, and a lack of positive parenting role models, can strain and/or sever the parent-child relationship. Children who have been traumatized and/or affected by prenatal substance abuse create additional challenges for parents who are in recovery. Additionally, these parental risk factors often affect children’s development, manifested in developmental delays and diagnosable mental health conditions.

Parents in treatment and recovery and their children need specialized services by experts in child development, parenting, and early intervention, and support from other parents in recovery. Support groups for fathers are not common, but nonetheless can contribute to healthy parenting practices. Research suggests that parenting support must be integrated into phases of treatment, as well as into recovery over time.

Child Welfare

Experts in the fields of child welfare and substance abuse have evidence – and an increasing awareness – that substance abuse by parents is a major factor in child abuse and neglect cases and one of the main barriers to family unification.

Service barriers include inadequate treatment resources, inadequate training for child welfare workers on substance abuse issues, and inadequate training for treatment staff on child abuse and neglect issues. And, often the amount of time needed for recovery conflicts with child welfare time-limit requirements and with child safety and well-being issues.

These all point to the following suggestions for best-practices around treatment:

1. Cross-training, collaboration, linkages, and communication between systems.
2. Effective parenting support during phases of treatment and recovery over time.
3. Increased number of treatment slots available in a timely manner.
4. Early identification of families at risk for substance abuse.
5. Integrated comprehensive family support to reduce substance abuse and the need for treatment.

Peer Support

Increasing recognition of the role of peer services and the emergence of new models of social support programs since the mid-1990s have shown positive outcomes in supporting those in treatment and recovery. These models are consistent with the “re-engagement” into life approach addressed by the treatment field.

Of note in Oregon is the *Accessing Success* recovery support program that includes parenting peer support. Originally funded as a pilot by the National Center on Child Abuse and Neglect, a 1994 evaluation showed an 85 percent success rate in helping parents remain clean and sober. This program, based upon peer support, is now considered a federal demonstration project (currently within SAMSHA) embedded in Relief Nurseries and prison sites.

Women in Treatment

Women's sense of self is often organized around relationships. Consequently, women in treatment and recovery benefit from programs that are relationship-based, addressing damaged relationships and self-esteem issues. Many women abusing drugs report histories of physical and sexual abuse and are more likely than men to have a parental history of abuse. Additionally, pre-term or early delivery is a health risk of this population and must be taken into account during treatment. Such families need follow-up services from early intervention, family support, and health-related programs.

Additional recommended treatment practices for women include:

- Addressing barriers to treatment, such as fear of reprisal from partners, fear of losing children, and fear of punishment from authorities
- Integrating wrap-around support services, such as childcare, transportation, health care, and meals
- Enhancing the parent-child bond

Because women may enter treatment more severely addicted than men – due to quicker addiction patterns to certain drugs – women who stay in comprehensive treatment longer than three months are more likely to remain in recovery.

Community Issues

All communities seeking to begin and/or enhance projects, programs and systems to prevent, reduce and treat substance abuse will need to develop programs consistent with the assets and barriers of their community. Particular barriers to successful substance abuse treatment and recovery outcomes might include (but are not limited to):

- Transportation issues in rural areas
- Lack of safe, transitional housing
- Lack of economic opportunities following treatment
- Inadequate childcare, both in terms of availability and quality
- Inadequate number of treatment beds available at free or low cost
- Limited number of treatment centers where parents can take their children with them
- Limited appropriate bi-lingual, bi-cultural services

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Web-based Resources

Child Welfare League of America, www.cwla.org.

National Center for Children in Poverty, www.nccp.org.

National Clearinghouse on Child Abuse and Neglect Information, <http://nccanch.acf.hhs.gov/>.

National Governors Association Center for Applied Practices, www.nga.org.

Office of Applied Studies, www.oas.samhsa.gov.

Recovery Community Services Program, <http://rcsp.samhsa.gov>.

Substance Abuse and Mental Health Services Administration, www.samhsa.gov.

Western Center for Substance Abuse Prevention, <http://casat.unr.edu/bestpractices>.

Wisconsin Department of Workforce Development, www.dwd.state.wi.us.