Coercion and Drug Treatment for Postpartum Women

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Coercion Controversy

- Coercion defined: “external conditions that drive people to seek treatment [that] do not necessarily reflect inner reasons for changing oneself” (DeLeon & Jainchill, 1986)
- Raises legal, ethical, clinical, and service delivery issues
- But, external pressures from family, friends, and courts are necessary for successful treatment, especially for women with children and parenting responsibilities involved in the welfare system (Looney & Metcalf, 1974; Andrews & Patterson, 1995).
Coercion, Substance Abuse, and Women

- Child protective cases involving substance abuse: 21.2% - 80% (Young & Gardner, 1998; Strawn, 1997; Tracy & Farkas, 1994; Curtis, 1993)
- Number of child abuse and neglect cases involving parental use of drugs/alcohol has increased over time (Curtis, 1993)
- Treatments for pregnant and postpartum women abusing substances – treatment in lieu of prosecution, involuntary civil commitment, removing child custody, and denial of public benefits (Garcia, 1992)
Findings from other coercion studies

- Statistically significant relationships with treatment seeking (Rounsaville & Kleber, 1981), length of time in treatment (Collins & Allison, 1983; Simpson, 1993; Mark, 1988), and program completion (Grella et al., 1994; Siddall & Conway, 1988).

- Those who were coerced into treatment did as well as, if not better than, voluntary treatment (Collins & Allison, 1983; Brizer, Maslansky, & Galanter, 1990; Brecht, Anglin, & Wang, 1993; DeLeon, 1988; Maddux, 1988).

- Legal pressures negatively correlate, with outcomes across different drug abuse treatment modalities (Harford, Ungerer, & Kinsella, 1976).

- Have no predictive power regarding treatment retention (DeLeon & Jainchill, 1986; Fagan & Fagan, 1982).
Methods for this study: Participants

- 292 Participants
- 83.1% referred by the local child protective services agency
- 8.0% referred by local hospitals
- 6.0% referred by other social service agencies
- 2.8% self-referral
Methods for this study: Procedure

- Psychiatric social worker assessed participants’ appropriateness for outpatient services;
- Participants were randomly assigned to a treatment program (after informed consent);
- Structured interviews (lasting approximately 2.5 hours) were conducted prior to treatment, and at 3, 6, and 12 months post discharge.
- Additional information considered included length of time in treatment, discharge status, and child custody (obtained from various case records).
Intensive Day Treatment vs. Traditional Outpatient Treatment

- Based on gender-specific philosophy in meeting the needs of women
- Required participation 7 days per week, for 5.5 hours a day
- Same services as traditional outpatient
- Unique services: family therapy, childcare arrangements, transportation, and infant assessment and tracking provided by pediatric nurse specialist
- 6 month duration

- Male-based philosophy, with added gender specific components
- Required 1.5 hours per day, at least once weekly
- Less structured, less intensive, and less comprehensive
- Individual and group counseling, women’s support groups, psycho-educational groups, medical assessment, case management
- 6 month duration
Instrumentation

- **Coercion**: a) prompted by criminal justice system, b) subject on probation or parole, c) subject awaiting trial, d) subjective rating of the seriousness of the subject’s legal problems, e) subject’s custody of infant (obtained from local child protective service agencies)

- **Addiction Severity Index (ASI)**: basic demographic information; assess seven life areas associated with drug use

- **Beck Depression Inventory (BDI)**: 21-item instrument to assess the severity of depression in adolescents and adults (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961)
Instrumentation continued

- **Brief Symptom Inventory (BSI):** subscale used to measure anxiety; self-report inventory to measure nine psychological symptom patterns (Derogatis & Spencer, 1982)

- **Hudson (1982) index of self-esteem:** 25-item scale measuring individual’s problem with self-esteem

- **Nowicki-Strickland Locus of Control:** 40-item scale to assess the construct of locus of control of reinforcement (Nowicki & Duke, 1974)
Findings - Demographics

- 94% African American women, 4.0% Hispanic, 1.2% White, 0.8% Other
- Average age: 30.6 years, ranging from 16 to 45 years
- Average number of children: three, ranging from 0 to 12
- 88% fell in the lower two socioeconomic strata
- 71% unemployed during the previous 2 years
- 58.7% had at least a high school education
Findings – Drug Use and Treatment History

- Choice of drug: cocaine (51.6%), combination of cocaine and other substance (32.1%)
- 81% polydrug users
- 91% had no previous treatment, remaining 9% had an average of 1 prior treatment episode
- 35.3% reported no family member with a substance abuse problem
- ASI drug use composite score was 0.13 (scores range from 0 to 1, higher scores indicate greater problem severity).
- 85% rated their need for treatment as either considerable or extreme; only 5.2% said that treatment was not important now
- About half reported being abstinent at entry
Findings – Psychological Status

- **Depression**: 46% scored in the normal range, 30% scored mild to moderate, 17.9% in the moderate to severe, and 6% in the severe to extreme range; average score was in the normal range.

- **Anxiety**: average score in the very low anxiety range, which was lower than that reported by pregnant women who reported some degree of substance use and slightly higher than non-patient population (McLellan et al., 1994).

- **Self-esteem**: 40.2% had a clinically significant problem with self-esteem; 1.2% had scores indicating a severe level of problems with self-esteem.
Findings – Coercion

- 9.9% reported being on probation or parole;
- 10.3% awaiting trial;
- About half reported treatment prompted by the criminal justice system – mandated by the Dependency Court and child welfare system;
- 42.5% responded that their legal problems were considerable or extreme
Findings – Child Custody

- 48.8% had custody of their infant
- Women who had custody of their infant remained in treatment longer than non-custodial mothers
- For women in day treatment, almost 60% of those who had custody of their infant successfully completed the program; 32.4% of non-custodial mothers completed the day treatment program
- For women in the outpatient program, non-custodial mothers reported more severe legal and social problems
Support in favor of coercion

- Women who were coerced by the criminal justice system AND had custody of their children remained in treatment longer.
- Women who had custody and were in the more intensive day treatment program completed treatment at substantially higher rates than those in the other, more traditional outpatient program.
- This study supports the previous empirical evidence that demonstrates that more services equal better outcomes (McLellan et al., 1994) and that gender sensitive treatment programs have greater success with women in recovery (Roberts & Nishimoto, 1996; Dahlgren & Willander, 1989; Stevens & Arbiter, 1995).
Implications for Social Work Practice

- Child welfare workers must be able to competently assess the family’s risk and protective factors concerning both child protection and substance abuse issues.

- Identifies the need for education and coordination between systems of care (medical, child welfare, and criminal justice system) to accurately assess and provide services that would ensure successful recovery.

- Treatment programs need to be able to treat the addiction of the mother, and support the needs of the children.
Additionally, treatment programs need to be gender-sensitive and provide ample space for children.

Policy-makers must allocate funds for intensive outpatient gender-sensitive programs for pregnant and postpartum women.

Policy decisions regarding mandated treatment must acknowledge discrimination toward minority women.

Practioners need to be aware of mediators toward treatment success, including child custody, psychological health, social support, and internal motivation.
Future Research

- Longitudinal studies to determine the long-term impact of coercion and custody;
- Culturally competent treatment programs, with specific components needed for successful outcomes; client’s perception of coercion at intake, discharge, and follow-up (Monahan et al., 1995);
- Examination of coercion across diverse cultures of women, socioeconomic levels, and treatment methods (therapeutic communities, intensive outpatient, outpatient, etc.) and how they intervene with coercion and treatment success. This will impact the development of individualized treatment programs, based on the individual’s specific needs and value systems.
Reference


References from information cited in article and slideshow:

References continued


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