Barriers to Services Among Women in Substance Abuse Treatment: Implications for Child Welfare

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This study was supported by a Social Work Research Development Program grant from the National Institute on Drug Abuse R01-DA013944 and R01-DA013944-04S1, Research Supplement for Underrepresented Minorities. This paper is based upon work presented at the Society for Social Work and Research 10th Annual Conference in San Antonio, Texas, January 12–15, 2006.

In many localities, the child welfare system has become a *de facto* substance abuse treatment system due to the number of cases involving parental alcohol or drug abuse (Wells & Shafron, 2005). Consequently, parental substance abuse treatment is frequently a component of child welfare service plans. Women in the child welfare system often face a combination of risk factors in conjunction with substance abuse, including mental illness, exposure to violence, poverty, inadequate housing, and other environmental problems (Cash & Wilke, 2003; Nair, Schuler, Black, Kettinger, & Harrington, 2003). It is estimated that up to two thirds of women in treatment for substance abuse may also have a cooccurring mental health problem (McHugo et al., 2005), such as depression, anxiety, and post-traumatic stress disorder (PTSD) (Magura, Kang, Rosenbaum, Handelsman, & Foote, 1998; Center for Substance Abuse Treatment, 2005). This cooccurrence is clinically significant because, as compared with treatment for adults with only one disorder, dual disorders pose special treatment challenges in terms of accessing separate service systems, tend to be underserved by the substance abuse treatment system (SAMSHA, 2001), and are associated with a number of negative treatment outcomes (Compton, Cottler, Jacobs, Ben-Abdallah, & Spitznagel, 2003). The purpose of this study was to document the extent and type of cooccurring disorders and to examine barriers to substance abuse and mental health services among women in residential and outpatient substance abuse treatment programs

Methods

Using a cross-sectional survey design, data were collected in face-to-face interviews from 41 women in residential and 45 women in outpatient substance abuse treatment. The response rate was high; 96.2% of the eligible women agreed to participate in the interview.

Mental disorders (generalized anxiety disorder, depression, dysthmia, and PTSD) were assessed using the Computerized Diagnostic Interview Schedule (C-DIS). The C-DIS has demonstrated reliability and validity and provides a DSM-compatible diagnosis (Robins, Cottler, Bucholz, Compton, North, & Rourke, 1999).

Substance use disorders were assessed using a structured Computerized Intake Assessment Instrument, the CIAIC-C, a uniform countywide assessment tool administered at treatment intake, also yielding a DSM-compatible diagnosis (University of Akron, 2001).

Perceived service barriers were measured with the Allen Barriers to Treatment Inventory (ABTI) (Allen, 1994), a scale originally developed to measure women's perceived barriers preventing them from receiving alcohol and drug abuse treatment. As adapted in this study, the ABTI consisted of 46 alcohol and drug and 39 mental health treatment barriers. Cronbach's alpha for the scales were .90 and .95, respectively. Self-reported use both of substance abuse and mental health services over the past 6 months was also collected.

Results

Women Participating in This Study: Respondents ranged in age from 21 to 55, with a mean age of 34 years. Eighty-one percent of the sample identified as African Americans. Forty-five percent of respondents had a high school diploma or GED. Over three fourths (78.7%) of the women were living with a partner at the time of study. At the time of interview, 40% (34) of the respondents had received welfare assistance in the past 6 months. Nearly all of the women (91%) had children. On average, the women had 3.1 children, with a range of 0 to 12. The mean age of the minor children was 8 years (SD 5.3 years). 5% (10) of the children were less than 1 year old, 34% (62) were between 1 and 5 years old, 29% (53) were between 6 and 11 years, and 31.3% (57) were between 12 and 17 years. In addition, 41.1% of the minor children lived with their mother at the time of the interview, 37.4% lived with a relative, and 15% lived with foster parents. In this sample, 68% of the women had experienced out-of-home placement of one or more of their children; 76% of these women had children in relative care (either formal or informal kinship care placements), 28% had children in formal foster care placements, and 8% had children placed with adoptive parents.

Mental and Substance Use Disorders: Fifty-six percent of the women (N = 48)) had a current cooccurring substance use and mental disorder, while 44% (N = 38) had a current substance use disorder only. Forty-one percent (N = 35) of all respondents met criteria for a current major depressive episode, 28% (N = 24) for *PTSD*, 21% (N=18) for manic episode and 14% (N = 12) for generalized anxiety disorder. Over half the women in this sample met the criteria for current alcohol and cocaine dependence (52% and 58%, respectively), and over one quarter (28%) met criteria for marijuana dependence.

Service Use: Forty percent of the women had used mental health services. Ten percent could not access mental health services, and 50% had not used or sought such services. Almost half (48%) of the women with a mental disorder had not used or sought mental health services.

Perceived Service Barriers: Table 1 shows the top 10 barriers to treatment services. "Fear of losing children" was the most frequently reported barrier to both substance abuse and mental health services. Other frequently reported barriers to alcohol and drug services were "need alcohol/drugs for stress relief," "unable to stay clean in the past," "community expects alcohol/drug use," and "poor treatment experiences in the past." Other frequently reported barriers to mental health services were "no health insurance," "feeling ashamed," "no transportation," and "waiting for opening." There were no differences in perceived barriers between the cooccurring disorder and substance use disorder groups with one exception: "Fear of losing friends if alcohol/drug free" was reported as a barrier more frequently

for the substance use disorder group than the dual disorder group (21% vs. 2%). While there were no overall differences in the mean ABTI score, t-tests indicated statistically significant differences in particular items between women in residential and outpatient settings (see Table 2), including "waiting for opening," "not knowing where to get info on treatment," "unable to stay clean in the past," and "need alcohol/drugs for stress relief." In addition, the women in residential treatment reported an overall greater number of barriers to substance abuse services, but not to mental health services, than the women in outpatient treatment.

Implications for Practice

The results of this survey indicate the multiple barriers that women may experience in accessing services. Barriers to treatment services reflected service delivery issues, individual characteristics, and social community factors. Treatment providers, particularly for those women in residential treatment who tend to experience more service barriers, need to be aware of and address these barriers to enable women to access services in the first place and then continue to maintain sobriety in the community posttreatment.

Table 1. Top 10 Barriers to Treatment Services—Percentage of Women Rating Barriers as 'A lot'

Barriers to Alcohol and Drug Treatment	%	Barriers to Mental Health Treatment	%
Fear of losing children	35.7	Fear of losing children	27.3
Need alcohol/drugs for stress relief	33.7	No health insurance	20.6
Unable to stay clean in the past	29.3	Feeling ashamed	20.6
Community expects alcohol/drug use	27.9	No transportation	20.6
Poor treatment experiences in the past	21.2	Waiting for opening	20.6
Length of treatment	20.9	Distance from home	15.2
No transportation	20.9	Not knowing the location	14.7
Waiting for opening	18.6	Responsibilities at home	14.7
Alcohol/drug problems are a sign of weakness	18.6	Not knowing whre to get info on treatment	14.7
Not knowing where to get info on treatment	17.4	Dealing with problems of family members	14.7

Table 2. Differences in Perception of Barriers

Mental Health Treatment Services	Residential% (n=14)	Outpatient% (n=20)
Group with men	15.4	0.0
No health insurance	42.9	5.0
Alcohol and Drug Treatment Services	**Residential% (n=14)**	**Outpatient% (n=45)**
Waiting for opening	31.7	6.7
Feeling ashamed	29.3	4.4
Unable to stay clean in the past	47.4	13.6
Unable to pay for treatment	47.4	13.6
No health insurance	24.4	2.2
Not wanting health to interrupt life	19.5	4.4
Fear of losing children	20.5	48.9
Community expects alcohol/drug use	39.0	17.8
Protected from bad results of alcohol/drug use	9.8	0.0
Need alcohol/drugs for stress relief	46.3	22.2
Not knowing where to get info on treatment	26.8	8.9
Poor treatment experiences in the past	30.0	13.3
Feeling situation is hopeless		

All values are statistically significant at $p<.05$

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The finding that "fear of losing children" was the most frequently reported barrier to both substance abuse and mental health treatment is consistent with other research suggesting that children may act both as a motivator and a barrier to treatment. Women in substance abuse treatment frequently cite parenting concerns as a reason for entering treatment (Office of Applied Studies, 2004). On the other hand, many women do not seek help for substance abuse problems due to fear of involvement with the child welfare system. Others drop out of treatment due to the competing demands of parenting (Daley & Gorske, 2000) or because they feel overwhelming guilt and shame for their substance use and the impact it has had on their parenting (Cox, 2000).

We have found in our previous research on women and their support systems that children are integral in the social networks of and are viewed as sources of social support to women in treatment. In fact, when women describe their support systems, children are frequently viewed as providing as much sobriety support to women as that provided by adults (Tracy & Martin, forthcoming). Therefore, when out of home care is used to ensure child safety, motivation to access and remain in treatment may be undermined. As part of our ongoing research agenda on treatment barriers of women with dual disorders, we will be examining the role of social networks and treatment motivation on facilitators and barriers to services. Findings from this study will hold significance for the development of enhancements that can be provided in substance abuse treatment and mental health programs to attract more of the underserved women in our community.

Some recent studies have found that substance dependence delays or prevents mothers from regaining custody of their children, and that current approaches to treatment do not adequately address both the extent and type of mental health problems that typically accompany substance abuse problems of women (Wells, 2006). Current permanency planning timelines also may not allow sufficient time for women to move toward recovery with the hope of regaining custody of their children in placement, particularly in light of the many issues involved and the recovery time needed for dual disorders. Therefore, maintaining contact with children while in treatment and inclusion of children in the women's treatment program, wherever possible, may be appropriate strategies to employ.

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