

Summer Institute 2010

**Mommas, Babies, and Drugs:**  
*Outcomes, Processes & Implications from Partnerships of  
 Child Welfare & Substance Abuse Treatment Services*

Michael S. Shafer, Richard Rivera, Julie Sauvageot & Charles Davis  
 Center for Applied Behavioral Health Policy, ASU

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**The Context**

Child Maltreatment & Child Welfare

Links between Untreated Substance Use  
 Disorders and Elevated Rates of Interpersonal  
 Violence

System Linkages and The Drive Toward  
 Evidence Based Programs

Recovery Oriented Systems of Care

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**The Context**

- Arizona Families First (AFF) Program
- Arizona Families First Evaluation
- SAMHSA-funded Parent to Parent Grant
- ASU Faculty and Students

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### The Questions

- What are the areas of knowledge or skills, and attitudinal orientations that peer recovery specialists consider critical in their effectiveness?
- Julie Sauvageot, Vivek Nayni, Vicki Staples & Airiqa Tibbs-Ramirez

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### The Questions

- Among families served in the AFF program during SFY 2005, what are the relative rates with which new charges of child maltreatment are filed?
- Are there associative patterns between the recurrence of child maltreatment and family or service delivery characteristics?
- Charles Davis & Rico Rivera

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### The Questions

- Are AFF enrolled families who report use of methamphetamine at intake different than other drug using or alcohol using families in terms of key characteristics and patterns of service engagement?
- Lela Williams, Bonnie Carlson & Charles Davis

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**AFF Parent to Parent  
Peer Recovery Coaches**

Julie Sauvageot  
Vivek Nayni  
Vicki Staples  
Airiqa Tibbs-Ramirez

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**AFF Parent to Parent  
Peer Recovery Coaches**

**Recovery Coach Role and Focus**

- Provide support to parent/caregiver
- Bring a message of hope
- Engage parents in substance abuse treatment
- Encourage parents to remain in treatment
- Guide parents through the process of recovery
- Help parents navigate the child welfare system

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**Concept Mapping with Recovery Coaches and  
Peer Support Specialists**

- **What is Concept Mapping?**
  - Method used to identify /prioritize critical processes
  - Helps groups to describe ideas on any topic of interest
- **Our Goal:**
  - Define the core competencies of effective peer specialists
  - Examine themes related to: role, perceptions, and key concepts related to peer specialists' work
- **Practical Application of Findings:**
  - Provide a focus for the planning of subsequent training, systems change, and technical assistance initiatives to promote the adoption of science based treatment strategies by community based treatment providers
  - Improve recruitment, retention, and service delivery of peer staff

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## Methods: Planning

- **Recruitment:**
  - Volunteer participants - Six peer specialist staff from the Community Bridges Program and three Recovery Coaches from the AFF Parent to Parent Program.
  - Eligibility - employed as peer staff involved in direct service with clients  $\geq$  six months.
- **Procedures:**
  - Participants attended three 2- hour sessions, approximately two weeks apart. Data generation activities were conducted in sessions one and two; mapped concepts were presented for discussion in session three.
  - Sessions were co-facilitate by two CABHP research staff.

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## Methods: Session 1

- **Session One:** Participants completed a brief demographic survey. Participants were then asked to independently generate and write down as many responses as possible to the following question:
 

**“Identify the knowledge, skills, and abilities necessary to be effective as a peer support specialist.”**

A total of 265 participant responses were reviewed by research team; after eliminating duplicates, 125 unique responses were generated on individual sets of sorting cards for Session Two.

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## Methods: Session 2

- **Session Two, Part I:** Participants were each provided with a set cards listing the 125 responses and asked to independently sort the cards into (5 to 15) piles that made sense to them. They were asked to then label each pile. This completed Part I of Session Two.
- **Session Two, Part II:** Participants were provided with three rating sheets which listed each of the 125 responses. They were asked to use a 4-point Likert-type scale (1=low agreement, 4= high agreement) to rate each of skills, knowledge, and abilities they identified relative to:
  - How important the skills, knowledge, and abilities were to be effective as a peer support specialist;
  - How competent they felt in the use of the skills, knowledge, and abilities; and,
  - The extent to which their employers valued the skills, knowledge, and abilities.

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### Session 3 Discussion with Participants

- Participants interpreted the concepts maps that were generated based on the sorted and compiled responses. They were asked to discuss how the ideas were organized and to identifying the critical high-priority areas. Participants completed the following tasks during Session 3:
  - Participants determined the number of clusters
    - Participants labeled the clusters

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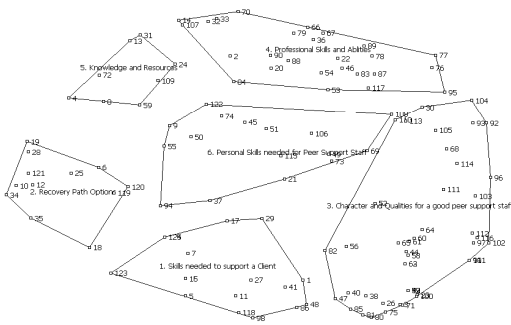
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### Session Three Maps, Labels, and Discussion with Participants




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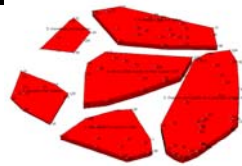
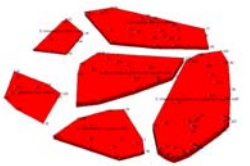
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Importance

Competence



Valued

Cluster Ratings  
Maps




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### Implications

- Pending further analysis, these results will be organized, shared with agency partners, and evaluated for subsequent actions.
- Information collected was anonymous and no individual participant information will be included in any reports, presentations or publications.

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### Recurrence of Child Maltreatment

Rico Rivera  
Mike Shafer  
Charles Davis

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### Maltreatment Recurrence - Research Questions

1. What was the relative rate of child maltreatment recurrence during the study period?
2. What characteristics of AFF clients at the time of intake were associated with the recurrence of maltreatment?
3. What type of self-reported substance use at intake were associated with the recurrence of maltreatment?
4. Are initial maltreatment allegation at intake related to recurrence of maltreatment?
5. Are cycle times in AFF program associated with maltreatment recurrence?

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### Maltreatment Recurrence - Method

- SFY 2005 (July 1, 2004 – June 30, 2005): 1,888 families referred to Arizona Families F.I.R.S.T (Families in Recovery Succeeding Together; AFF)
- AFF purpose: assist parent/guardian (investigated by CPS)
  - provide appropriate care for their children
  - overcome drug and alcohol problems

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### Maltreatment Recurrence - Method

- AFF Program delivered through a network of 9 community-based agencies under contract with CPS and/or the state single authority for substance abuse treatment services.
- AFF eligibility of parent(s)/guardian(s)
  - alleged child maltreatment &
  - substance abuse
- One person per family identified as AFF client

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### Maltreatment Recurrence - Method

- Source for data between July 1, 2004 and February 28, 2010
  - maltreatment reports from CHILDS database maintained by Ariz. CPS
  - substance abuse data from electronic administrative records provided by DES providers or RBHAs
- We identified families in which maltreatment preceded AFF referral during SFY-2005
  - 1,888 families referred to Arizona Families F.I.R.S.T (Families in Recovery Succeeding Together; AFF)
  - 1,330 (70.44%) families had maltreatment report prior to AFF referral

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**What was the relative rate of child maltreatment recurrence during the study period?**

53.16% had a subsequent report of maltreatment

Recurrence of Maltreatment Report	<i>f</i>	%
Yes	707	53.16%
No	623	46.84%

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**Participant characteristics associated with the recurrence of maltreatment?**

Maltreatment recurrence was not related to participant characteristic.

- Female (67.6%)
- White (83.6%)
- Hispanic/Latino (27.2%)
- English (97.5%)
- High school (52.3%)
- Report of family (57.5%)
  - Mean of 3.65 family members
- Report of monthly income (36%)
  - Mean of \$1,378.3 per month

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**Frequency and Percentage Distribution of Participant Characteristics (N = 1330)\***

	<i>f</i>	%
<b>Gender</b>		
Male	430	32.40%
Female	897	67.60%
<b>Race</b>		
Caucasian/White	1113	83.65%
African American/Black	53	3.99%
American Indian/Alaska Native	50	3.76%
Other	115	8.61%
<b>Ethnicity</b>		
Hispanic/Latino	347	27.19%
Not Hispanic or Latino	929	72.81%
<b>Language</b>		
English	1271	97.47%
Spanish	33	2.53%
<b>Educational Level</b>		
< High School	286	47.75%
High School or GED	195	32.55%
> HS	118	19.70%

\*Missing Values: n<sub>gender</sub> = 3, n<sub>ethnicity</sub> = 54, n<sub>language</sub> = 26, n<sub>education</sub> = 731

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### Participant Characteristics (continued)

		<i>f</i>	%	<i>M</i>	<i>SD</i>
<b>Reported a Family</b>					
	Yes	763	57.50%	3.65	1.60
	No	564	42.50%		
<b>Reported a Monthly Income</b>					
	Yes	414	36.00%	1378.30	4589.51
	No	736	64.00%		

\*Missing Values:  $n_{family}=3$ ,  $n_{income}=180$

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### Is type of self-report substance use associated with maltreatment recurrence?

	Recurrence of Maltreatment Report		
	Yes	No	Total
None or No substance abuse last 30 days	396 32.58%	460 30.00%	856 31.19%
Alcohol	44.70%	40.00%	42.17%
<b>Marijuana**</b>	<b>46.21%</b>	<b>37.39%</b>	41.47%
<b>Methamphetamine*</b>	<b>50.51%</b>	<b>43.70%</b>	46.85%
Cocaine/crack	15.91%	15.43%	15.65%
Heroin/opioids	3.54%	2.83%	3.15%
Other	18.43%	19.78%	19.16%
Unknown*	42.68%	50.87%	47.08%

Note: Above categories are Not mutually exclusive; for 1st Assessment Date Subsequent to 1st referral in SFY 2005

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### Is maltreatment allegation at intake related to recurrence of Maltreatment Report?

	Recurrence of Maltreatment Report		
	Yes	No	Total
<i>n</i> =	707	623	1330
	%	%	n
<b>Index Allegation Maltreatment Type*</b>			
Sexual Abuse	48.28%	51.72%	29
Physical Abuse	57.93%	42.07%	271
Neglect	52.01%	47.99%	1021
<b>Index Allegation Finding</b>			
Substantiated	55.80%	44.20%	647
Unsubstantiated	50.66%	49.34%	677

\* When multiple allegations contained in single report, most severe allegation counted following procedures of Fuller & Nieto, 2009

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## Are cycle times in AFF program related to maltreatment recurrence?

	Recurrence of Maltreatment Report		
	Yes	No	Total
<i>n</i> =	707	623	1,330
<b>Duration from Maltreatment Report to AFF Referral (months)</b>			
Mean	1.87	1.66	1.77
SD	2.43	2.21	2.33
<b>Length of Stay (First to Last AFF Service Encounter) (months)</b>			
Mean***	25.87	20.73	23.54
SD	19.93	18.91	19.63
<b>Duration from AFF referral Date to Subsequent Maltreatment Report</b>			
Mean	19.93	NAP	NAP
SD	16.1	NAP	NAP

\*\*\*p < .0001 (2-tailed); t-test

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## Maltreatment Recurrence - Key Findings

- Among 1,330 families, 53% had a subsequent child maltreatment report
- Participant characteristics not related to recurrence
- Cannabis and meth use related to maltreatment recurrence
- Type of maltreatment or allegation findings not related
- 19.9 months from AFF referral to maltreatment recurrence

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## Methamphetamine Involved Families – Research Questions

Lela Williams  
Bonnie Carlson  
Charles Davis

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## Methamphetamine Involved Families – Research Questions

1. What are the characteristics of parents who self-report methamphetamine (MA) abuse to the child protective system, and how similar are these parents to parents who report alcohol or other drugs as their primary drug of abuse?
2. Are parents who self-report MA use more disturbed or dysfunctional compared to parents who report alcohol only or use other illegal drugs?
3. Does MA using clients have poorer substance abuse treatment outcomes compared to clients reporting abuse of alcohol or other illegal drugs?
4. Are children of parents who use MA more likely to be placed out of the home compared to children of parents who abuse alcohol only or other illegal drugs?

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## Methamphetamine Involved Families – Methods

- A cross-sectional administrative sample of 2,465 families
- Referred to the AFF program between July 1, 2006 and June 30, 2007
- Three subgroups constructed based on self-reports of the primary substance of abuse at intake:
  - Methamphetamine (48.1%)
  - Alcohol *only* (10.9%)
  - Other illegal drugs (41.0%)

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## Methamphetamine Involved Families – Client Characteristics

	Meth	Alcohol only	Other drugs	X <sup>2</sup>
	n = 2692	n = 611	n = 2298	
<b>Gender</b>				132.07***
Male	23.4%	42.2%	35.7%	
Female	76.6%	57.8%	64.3%	
<b>Race/Ethnicity</b>				231.11***
White	62.4%	56.8%	54.2%	
Hispanic	29.8%	25.2%	29.8%	
Black	2.8%	6.1%	11.3%	
American Indian/Alaska	3.3%	11.0%	3.8%	
Multiple Races	.3%	.2%	.3%	
Native Hawaiian/Pacific Islander	.1%	.3%	0	
Asian	.1%	0	.3%	
Other	.3%	.5%	.4%	

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### Concluding Themes and Next Steps

- Emergent findings suggest critical knowledge, skills, and attitudes necessary for effective peer recovery coaching services that include:
  - Personal and Professional Skills
  - Skills related to peer support
  - Knowledge and experience of recovery pathways
- Next Steps to validate the skills and abilities among a novel group of peer recovery coaches

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### Concluding Themes and Next Steps

- Recurrence of Maltreatment observed among a significant proportion of families served in the AFF program
- Recurrence predictors not yet fully understood; but type of substance use reported at intake found to be strongly associated with recurrence

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### Concluding Themes and Next Steps

- Methamphetamine use found to be more frequently reported among women clients, white clients, and individuals who are unemployed and not in committed relationships supporting other research findings
- Treatment and child welfare outcomes not yet tested for relationships to substance use

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