

FROM SURVIVING TO THRIVING: THE SALIENCE OF TRAUMA AMONG AFRICAN AMERICAN WOMEN NAVIGATING SUBSTANCE ABUSE TREATMENT AND CHILD PROTECTION

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Outline of the Presentation

- Discuss how I came to focus on the intersection between substance abuse and child welfare
- Present background information about substance abuse and child welfare
- Discuss the framework that guides this study.
- Briefly review Illinois' child protection system
- Discuss the data collection site, study design, data collection methods, and data analysis.
- Review the study findings
- Discuss the implications for practice and research

Goal for This Presentation

- To present original data that illuminates the experiences and feelings of African American mothers struggling to overcome addiction and highlights the main differences between women who regained custody and those who permanently lost custody of their children.
- To engage in a discussion about what more we can do to help women with histories of trauma and substance abuse who become involved with the child protection system.

How I came to this topic?

- Child protection worker for a couple of years.
 - Did not receive any education regarding substance abuse and the effects of substance abuse.
 - Substance abuse was a major issue in most of my cases.
 - Child protection culture educated me on how to see and handle substance abuse.
 - Addiction was seen as a choice versus a disease.
 - Mother who continued to get high were choosing their drugs over their kids.
 - Shortened timelines under ASFA did not work well with families that had significant substance abuse issues.
- Pilot Project – “Discovering Your Baby” – Spent 3 months in a substance abuse treatment center conducting parenting groups with parenting and pregnant mothers.
 - Better understanding of addiction and the women's lives
 - Increased empathy

Research Question

- What contributes to whether mothers who are addicted to drugs and alcohol retain, regain, or permanently lose custody of their children?

Background

- Americans are 4% of the world's population, yet consume 65% of the world's illegal drugs. One in four Americans will have an alcohol or drug disorder at some point in his or her life (Califano, 2007).
- Over the last two decades, there has been an increase in substance abuse among women (Ashley, Marsden & Brady, 2003; Hernandez-Avila, Rounsaville & Kanzler, 2004; Resnik, Gardner, & Rogers, 1998).
- In 2007, 7.4 million women aged 18 and older were addicted to alcohol and/or illicit drugs (Substance Abuse and Mental Health Administration, 2007).
- Women who are addicted to drugs and alcohol have an increased risk for involvement with the child protection system because they often are the primary caregivers of children (O'Connor et al., 2005; Smith, Johnson, Pears, Fisher & DeGarmo, 2007).

Substance Abuse & CW

- Over last 20 years, there has been an increase in child maltreatment cases involving substance abuse (Bradley & Ashley, 2005; Semidei, Radel & Nolan, 2001; Stromwall et al., 2008).
- Estimated that 40% - 80% of all child maltreatment cases involve substance abuse (Choi & Tittle, 2002; Grella, Hser & Huang, 2006; Hines, Lemon, Wyatt & Merdinger, 2004; Semidei et al., 2001; Young, Boles & Otero, 2007)
- 20% of parents with addiction histories achieve reunification. Only 12% of parents that have co-occurring problems (domestic violence; lack of housing; mental health) achieve reunification (Marsh et al, 2006).
- African American families are least likely to retain or regain custody of their children (Walker et al., 1994).
- Jellinek et al. (1992) found that 82% of the substance-abusing parents who did not complete substance abuse treatment were not reunified with their children.

Predominant Explanations

- 1) Addicted mothers care more about using drugs and getting high than they do their children.
 - 2) They fail to complete treatment because they are not "ready to change."
 - 3) Addicted mothers don't regain custody because they lack motivation.
- This study's findings compel us to consider alternative explanations namely the role that trauma plays in women's ability to retain or regain custody of their children.

Definition of Trauma

- Trauma is seen as a life changing experience that can involve a single overwhelming event or prolonged and repeated abusive, neglectful, harmful or near death experiences that have psychological, physical, cognitive, emotional and/or relational effects (Herman, 1992).
- Examples: childhood sexual abuse, rape, domestic violence, physical abuse; 911 or Hurricane Katrina; witnessing traumatic events, kidnapped, taken hostage, and war.
 - There has been a lot of debate about how we define trauma.
 - Some critics believe that we overuse trauma and the definition has become watered down (Believe in following a strict medical model).
 - In my analysis, I found evidence that neglect-abandonment and having children taken were just as traumatic as some of the other forms of trauma.
 - Regardless of what we call it, these experiences have lasting effects that influence women's ability to successfully reach their goals.

Trauma among Substance-Abusing Populations

- 42% to 99% of women who are addicted to drugs and alcohol have histories of trauma (Kubiak, 2005; Najavits et al., 2007; Sacks et al, 2008; Savage et al., 2007).
- Childhood physical and sexual abuse, domestic violence and rape are the most common forms of trauma among substance-abusing women.
 - 10% - 82% childhood physical abuse
 - 23% - 82% childhood sexual abuse
 - 18% - 80% rape
 - 30% - 75% domestic violence
- On average women reported 5-12 traumatic events in their lifetime (Kubiak, 2005; Najavits et al., 1997; Sacks et al., 2008).
- Many of these women are also involved with the child protection system.

Illinois Child Protection System

- Hotline call is made to child protection because of suspected abuse or neglect.
- The DCFS investigator must make a variety of determinations:
 - Whether to open a formal child protection case or offer the family IFR
 - Whether children can remain in the home or place them out of the home with relatives/kin or traditional foster care.
- IFR is offered for first time mothers with SA issues, or mothers who give birth to substance exposed infants.
- Traditional child protection is for mothers who repeatedly give birth to substance exposed infants, mothers who have lost several children.
- Mother goes to treatment, increases the possibility of keeping her child and bringing her child with her into treatment.

IFR Vs. Traditional Child Protection System

	IFR	Traditional
Voluntary	Voluntary	Involuntary
Court Involvement	No Court Involvement	Court Involvement
Structure	Recovery Coach – SA Child Welfare Caseworker – Parenting and other CW concerns Referrals to outside agencies if needed.	Child Protection Worker Referral to outside agencies
Case Closing	CW and Supervisor	Judge, attorneys, CW and Supervisor
ASFA-Permanency Laws	Does not apply because there is no court involvement	Applies – Reunification dependent upon progress made

Data Collection Site

- Trillium Health and Wellness Center
 - Only serves women and children
 - Provides comprehensive services – (methadone, services for children (i.e. child care), parenting, transportation, some mental health services (i.e. psych assessment, medication and monitoring), full-time medical team on site & aftercare services)
 - Mothers can bring up to 3 children (0-7 years old)
 - Multiple levels of care in one building (from detox to recovery home). They also have a transitional living program (3 apartment buildings).
 - 12 step/Disease Concept Model – The addiction is primary and not just a symptom of some other underlying disorder.

Study Design

- Multiple Embedded Case Study Design - multiple levels of analysis within a single study
 - Gender Specific Treatment Center
 - Comprehensive Services
 - Mothers can bring children
- 26 African American Mothers
 - Currently participating inpatient treatment
 - Open child protection case
- Embedded in each mother's case: Substance abuse treatment counselor (24), parenting professional (12) and DCFS caseworker (6)
 - Mothers had to give consent to interview their workers
 - Workers needed to agree to participate in the study

Data Collection Methods

- 46 In-depth semi structured interviews
 - 26 mothers
 - 20 professionals
 - 6 DCFS caseworkers
 - 4 parenting professionals
 - 10 substance abuse treatment counselors
- 14 months of observation at the residential substance abuse treatment center – Field Notes
- Reviewed mothers' files from entry to exit
 - Group notes, 1:1 sessions, Collaterals meetings, DCFS documents

Data Analysis

- Interviews Transcribed Verbatim
- Used NVIVO to Store, Organize & Code interviews
- Each interview coded line by line looking for patterns/themes that seemed to answer research question
- Made a matrix of possible patterns/themes and begin to conduct cross-case analysis to see how those identified themes held up (Yin, 2009)
 - Looking for negative cases, rival explanations, exceptions (Padgett, 2008; Yin, 2009)
- Met with qualitative research group, member checking and follow-up interviews with participants at key points during data collection and analysis to receive feedback on emergent themes and refine my ideas.

Study Sample - Mothers

- Age: 19 - 43 years old (Avg. 35 years old)
- Number of Kids: 1 - 10 (Avg. 5 kids)
- Number of previous DCFS involvements: 0 – 5 involvements (Avg. 2 involvements)
- Number children women lost custody of: 0 – 9 children
- Years of Using: 3 - 35 years (Avg. 21 years)
- Primary Drug of Choice – Crack cocaine & Heroin
- 25 out of 26 women were poly-drug users (alcohol and another drug)
- Number of Previous Treatment Episodes: 0 – 13 (Avg. 3 treatments)
- Length of Stay in Treatment: 14 - 661 days (Avg. 99 days)
- Outcome: Reunification: 13 mothers, Lost Custody-Stranger: 5 mothers, Lost Custody to Relative (Guardianship): 7 mothers, Unknown: 1

Demographics of the Mothers

Name of Mother	Age	# Years Using alcohol/ drugs	# of Previous TX Episodes	Length of Time in TX (1)	# of Kids	Previous # of DCFS Involvement s	Type of Current DCFS Involvement	# of Children Lost Custody Prior To Study	# of Traumatic Events	Outcome
Barbara - 4	38	27	6	95 days	10	5	TRAD	8	5	Reunification
Dallas - 2	42	30	7	84 days	2	2	TRAD	0	1	Reunification
Belinda - 1	26	13	2	661 days	2	0	TRAD	0	1	Reunification
Darcy - 3	20	6	1	86 days	1	0	IFR	0	4	Reunification
Dawn - 2	39	24	3	102 days	7	2	IFR	0	4	Reunification
Lashaun - 3	41	21	5	86 days	6	3	IFR	0	4	Reunification
Lisa - 3	37	30	13	101 days	5	3	IFR	4	9	Reunification
Mackenzie - 3	39	22	4	90 days	8	1	IFR	0	7	Reunification
Natalie - 3	31	18	1	85 days	4	1	IFR	0	7	Reunification
Tabitha - 3	37	18	1	96 days	5	1	IFR	2	2	Reunification
Tahira - 3	37	19	1	96 days	4	0	IFR	0	2	Reunification
Tonia - 3	34	21	3	71 days	4	2	IFR	0	3	Reunification
Vivian - 4	33	19	1	122 days	10	4	IFR	6	6	Reunification
Dana - 3	19	3	0	82 days	1	0	IFR	0	9	Unknown
Bailey - 3	32	15	3	25 days	3	1	IFR	2	2	Lost Custody
Daria - 4	43	29	3	95 days	10	2	TRAD	9	7	Lost Custody
Edith - 1	42	26	9	85 days	8	4	TRAD	7	7	Lost Custody
Evelyn - 2	33	17	1	14 days	4	3	TRAD	4	1	Lost Custody
Harriet - 2	39	25	3	90 days	8	3	TRAD	7	4	Lost Custody
Kali - 3	40	35	4	39 days	7	2	IFR	6	6	Lost Custody
Tasha - 2	30	16	0	36 days	1	0	IFR	0	1	Lost Custody
Victoria - 4	37	23	3	111 days	4	2	TRAD	0	4	Lost Custody
Candace - 4	39	26	5	91 days	4	4	TRAD	3	7	Lost Custody
Tammy - 4	43	25	4	33 days	7	2	IFR	5	5	Lost Custody
Vanessa - 3	40	26	4	105 days	6	4	TRAD	5	3	Lost Custody
Vickie - 3	26	15	2	110 days	2	1	TRAD	1	4	Lost Custody

Study Sample – Professionals

- 2 were male and 18 were female.
- 15 were African American, 4- White and 1- biracial (African American and White).
- 2 had an Associate's degree, 4 - Bachelor's degree, 13 - Master's degree, and 2 - Doctorate.
- The professionals had anywhere from 9 months to 35 years of experience, with an average of almost 11 years of experience.
- 2 - IFR program, 4 - traditional child protection system
- 2 – CPW worked for the state, and 3 were employed by non-profit agencies that contracted with the state.

Demographics of the Professionals

Name	Role	Gender	Race	Education Level	Years of Experience (avg. 11 years)	In Recovery	# of clients in the study
Mr. David	DCFS	Male	African American	Bachelors	17 years		1
Mr. Edward	DCFS	Male	White	Masters	15 years		1
Ms. Connie	DCFS	Female	African American	Masters	7 years		1
Ms. Fran	DCFS	Female	White	Masters	14 years		1
Ms. Layla	DCFS	Female	African American	Masters	20 years		1
Ms. Uma	DCFS	Female	White	Masters	2 years		1
Ms. Daphne	PP – Unit A	Female	African American	Masters	3 years		11
Ms. Fallon	PP – Unit D	Female	African American	Masters	Less than 1 year		8
Ms. Naima	PP – Unit D	Female	African American	Master	3 years		8
Ms. Nicole	PP – Unit A	Female	African American	Associates	Less than 1 year		11
Ms. Beatrice	SATC – Unit A	Female	African American	Masters/CADC	22 years		1
Ms. Francis	SATC – Unit A	Female	African American	Associates/CADC	27 years		4
Ms. Gabriella	SATC – Unit D	Female	African American	Masters/CADC	Over 30 years		1
Ms. Gertrude	SATC – Unit D	Female	African American	Bachelors/CADC	3 years		2
Ms. Karen	SATC – Unit D	Female	African American	Bachelors/CADC	15 years	In Recovery	4
Ms. Linda	SATC – Unit A	Female	African American	Bachelors/CADC	2 years		5
Ms. Lucy	SATC – Unit A	Female	Bi-racial	Doctorate	Less than 1 year	In Recovery	3
Ms. Nancy	SATC – Unit A	Female	White	Doctorate/CADC	18 years		2
Ms. Sarah	SATC - RH	Female	African American	Masters	11 years		1
Ms. Tonya	SATC – Unit A	Female	African American	Masters/CADC	10 years	In Recovery	1

Main Finding: Trauma Was Very Prevalent

- All 26 women in this study (100%) experienced some form of trauma – Most common were domestic violence (22), childhood sexual abuse (14), rape (11), physical abuse (7), witnessed domestic violence growing up (5), adult sexual abuse (5), witnessed family members/loved one killed (6), neglect abandonment (18) and ambiguous loss (17).
- 73% (19 women) of them experienced 3 - 11 traumatic events throughout their lives.
- Almost 60% (15 women) had 5 – 11 traumatic experiences throughout their lives.
- Trauma impacted every aspect of the women's lives and largely contributed to whether mothers retained, regained or permanently lost custody of their children.

Trauma (Cont.)

- Assumed women who had more trauma were more likely to lose custody of their children while women with less trauma were more likely to regain custody of their children.
- Whether women lost or regained custody of their children was not dependent on the extent of their trauma histories.
- Women who regained custody had on average 4.23 traumatic experiences while women who lost custody had on average 4.6 traumatic experiences.

Case of Darla – Lost Custody

- Darla is a 43 year old mother of ten
- Witnessed domestic violence growing up – Darla's mother left her father when she was about 5.
- Sexually abused from ages 9-15 first by her brother and then by her favorite uncle
- All of her boyfriends were drug dealers or ex-drug dealers – 1st boyfriend at 15 introduced her to drugs and got her into selling drugs.
- All of Darla's relationships have been physically abusive – “I almost died by the hands of my six-year-olds father. I stayed for 10 years. I understand why my mom stayed with my dad as long as she did.”
- Raped repeatedly – last time she was raped, sodomized and hospitalized
- Youngest daughter is a product of date rape

Case of Lisa – Regained Custody

- Lisa is a 37 year old mother of 5 children.
- Raised by grandmother. Made her eat food out of the garbage.
- Beat her for anything and locked her in the closet.
- Introduced to marijuana by the baby sitter at 7 years old.
- Sexually abused by two of her uncles for a number of years.
- Dropped out 9th grade – hanging with wrong crowd
- Charles turned her on crack at 15 & heroin at 18
 - Forced her into prostitution to support their habit.
 - Killed Lisa's two brothers due to a hit on their lives.
- All of her relationships have been violent. Lisa was arrested for domestic violence, which is how she became involved with DCFS.
- Lisa has been raped repeatedly, in and out of jail, continued prostituting and overdosed several times.

What Was the Difference? Surviving to Thriving Mentality

- I found that the ways women approached substance abuse treatment and their involvement with child protection was on a continuum that I characterized as surviving to thriving.
- Women who remained in a state of surviving tended to lose custody of their children.
- Women who moved towards thriving tended to regain custody of their children.
- 50% of the women lost custody and 50% regained custody of their children.

Surviving

- Surviving is a state where:
 - Superficially complied with the conditions but without making any real changes or being changed by what they were learning in substance-abuse treatment.
 - Engaged in behaviors that met their immediate needs and desires without thinking about the long-term consequences of their behavior.
 - Actions tended to be rote and habitual, often lacking insight into why they did certain things or engaged in counterproductive behaviors.
 - These women often were unwilling to listen to feedback or suggestions, instead believing that they knew how to remain sober and that there were no valid reasons for their involvement with child protection.
 - Overall, women in survival mode were just biding their time long enough to regain custody of their children and get child protection out of their lives.

Surviving has three characteristics: Going Through the Motions, Acting Out Behaviors, Fear Based Responses

Going Through the Motions

The women who went through the motions often focused on completing the required number of days stated in their child protection service plans.

- DCFS said I have to do 60 days, and that's all I'm doing. When 60 days hit, I'm walking out that door, and I don't care what nobody says. I done got all I can out of treatment. What more can I get out of 90 days than 60 days? Nothing! Let me move on.... I might not make it through 90 days. I made it through the 60. The 60 might save my life. Let me go to recovery. - *Candace, 39 year old mother of four children*

Contrast to Going Through The Motions

- Women who were moving toward thriving knew that 90 days did not constitute enough time to understand their addiction and learn alternative ways of coping with their lives. They planned to remain in a structured setting as long as they could. Tahlia, 37 year old mother of four said:
- When I finish inpatient treatment, I'm going upstairs to Safe Haven [a recovery home] and then to Freedom Place [a transitional living program at THW]. I'm going to stay as long as I can so I can get what I need to get.

Acting Out Behavior

- Women engaged in behaviors which tended to interfere with their longer-term goal of regaining custody of their children.
- These behaviors often involved doing things that interfered with the treatment process and could potentially lead to discharge from treatment.
- Acting-out behaviors consisted primarily of bringing drugs onto the unit and deviating while out on appointments.

I guess my mind was already made up once I closed my hand. When I didn't say, "no, I'm cool," or whatever. But I couldn't say nothing. I was stuck, and it was like I thought I was ready when I came in here. I knew I would do anything I had to do to get my baby whereas DCFS goes [says] I didn't think about my daughter being here, somebody watching her while we were shopping. I didn't think about her. I didn't think about that DCFS worker. I didn't care about the people knowing that I used the shit. I didn't care about if they would of kicked me out. I ain't cared about that worker knowing—getting my baby, going to back court. I didn't think about none of that until after I did the stuff. *Kai, 40 year old mother of 7*

Deviating

- Go on approved passes to the doctor or apply for economic assistance but while they are out, they go to unapproved places (e.g., going to be with their boyfriend or going to their mother's house) or do unapproved things (e.g., going to get their nails and hair done).
- 1. Make women more prone to relapse.
- 2. Using dishonesty and manipulation (things they used in their addiction). Honesty was an indication that women were getting better.
- 3. Deviations seen as a way to self-medicate.
- The deviations are the ways women use to get their needs met in the best way they know how.... They're really just trying to soothe themselves, to put it in laymen terms... They're trying to fix the situation. Ms. Karen, SATC

Contrast to Acting Out

- Lisa, a woman who was thriving, shared what she does when she wants to act out:
- When I want to act out, when I want to flare up, I can't help but seeing my son's face. And no one and no thing is more important than my being here. I'm getting what I need from here. I utilize it...to help me stay sober and to help me bond, nurture, and care for my son. It's all about the child. It's not about me anymore. I've done what I've done. I can't change anything that I've done. It's what I do today. And that's forward. Lisa, 37 year old mother of five

Fear Based Responses

- Leaving treatment a week or two weeks before they were to move to the next level or once mothers were reunified, they did something to sabotage their efforts.
- Taken from Darla's Progress Notes:
 - 4/7/08 – Darla's daughter was returned to her care.
 - 4/9/08 – Darla was wondering if her mother could help her and be her support outside the agency when she goes to the recovery home on 5/1/08.
 - 4/17/08 – Darla appears to be struggling with interacting with her baby. As evidenced by the baby always being in her car seat. Her peers are holding Samantha more than she does.
 - 4/17/08 – Darla admitted that she was tempted to use while out.
 - 4/20/08 – Admitted to having a sexual relationship with her peer.
 - 4/25/08 – Went out on a pass and never comes back

Thriving

- Opportunity to change their lives
- Wake-up call
- Driven internally by their desire to live a drug-free life and be a good parent
- Took responsibility for their decisions and mistakes that led to their involvement with child protection
- Did not blame other people.
- Used what they learned to make lasting changes
- Ultimately, they wanted more out of life, and they believed that they could have the life they desired if they were to remain committed to this goal.
- Thriving has three characteristics – Internal Motivation, Taking Responsibility & Engaging the Material

Internal Motivation

- Internal motivation is an intrinsic desire to work for the sake of accomplishing the goal rather than engaging in the activity to obtain some sort of external reward (Ryan & Deci, 2000). Tahlia said:
 - So I pretty much had a made-up mind to come in here and do what I needed to do.... you know, when you put your mind to doing something.... I take advantage of the opportunities to grow in any area that I can as possible, and I'm very motivated in spite of my drug use...and just go on through all I've been through in this last six months. I've never been motivated like I'm motivated now. You know, I'm not even thinking about the days because it seems like the weeks are just passing by and I'm coming up on two weeks now and it's so quick. So I'm very motivated in completing this phase of the program and going to the next phase...so I'm looking at all these stages that I can go through.... I mean, I'm at that point where this is something that I need to do not just because I'm a new mom but because I need help.

Other Examples of Internal Motivation

- Some of the other women who were internally motivated gave the following reasons for getting clean and putting their lives back together:
- "Because it is the right thing to do for myself and my children"
 - "I want to be a better mother to my children"
 - "I'm tired of living this drug lifestyle, I'm ready for a change"
 - "I'm getting older. It's time for me to get my life together"
 - "I don't want to die"
 - "I don't want to be like my mother"
 - "I want to learn how to be a great parent"

Contrast to Internal Motivation

- Externally motivated individuals engaged in an activity or a course of action because they believed it would lead to a desired outcome or a reward outside of themselves or to satisfy some external requirement (Ryan & Deci, 2000).
- Some of the women's external motivations were:
 - "DCFS is making me do it"
 - "I want my family to be proud of me"
 - "My [significant other] threatened to leave me if I lose the baby"
 - "DCFS could help me with housing and other things I need"
 -

Taking Responsibility

- Taking Responsibility - Taking 100% responsibility for their lives and the decisions they made to get to this point. This largely meant not blaming anyone else for their problems.
- Lashaun, 41-year-old mother of six, reported:
- My active drug use clouded my mind to the point that I failed to recognize I was neglecting and verbally abusing my daughter, which likely led to the sexual incident in the hallway. And through processing the situation with my counselor, I'm accepting responsibility for my actions and no longer blaming my daughter for calling DCFS... At first I would be angry just to hear my daughter's name mentioned, but now I realize I can't blame my daughter for calling DCFS. It wasn't her fault, but mine.

Contrast to Taking Responsibility

- Bailey, a 32-year-old mother of three, was unable to take responsibility, saying:
- They didn't make me come to treatment. I came on my own because I needed a refresher course. I missed something the last time I was in treatment... I wasn't out of control. I was using every now and then. I don't know how my son tested positive because I only used the first two months before I found out I was pregnant. After I found out, I stopped.... I don't know how I got involved with child protection.
- Bailey was hard because she never believes it's her fault. She was always pointing the blame at other people rather than looking at the part she played. Bailey doesn't like her life but doesn't have the determination to figure out her responsibility in it.... She was frustrating to have as a client.... Now she's back and will have the same outcome if she doesn't start looking at herself. Ms. Lucy, SATC

Engaging the Material

- Doing the work necessary to get well.
- Explored their reasons for using drugs and alcohol
- Looked at the factors triggering their drug use
- Made connections between their drug use and their current life circumstances.
- I was so angry about that at first I wanted to kill her [child protection caseworker]. But I'm glad because it got me to where I'm at now. I'm a different person. I'm a better person.... I used to talk about going home a lot, leaving—and that use to worry her [Ms. Nancy, Dawn's treatment counselor] a lot. I don't talk about leaving no more. I talk about more positive things.... I think that it's all about change. You just have to change your whole way of being, everything in you. They help you do that if you just do the work. *Dawn, 39 year old mother of 7*

Exceptions

- Darla and Victoria are examples of women with thriving characteristics who lost custody of their children.
- Darla regained custody of her daughter for three weeks.
- Darla's file suggests that she was struggling with her parenting responsibilities.
- Darla gave up and walked away from her responsibilities as a parent.
- Victoria is another example of another woman who had all of the thriving characteristics but lost custody of her children.
- Victoria started thriving too late in the process.
- Children had been in care for more than two years.
- Children needed permanency and there were relatives and foster parents who were willing to adopt the children.

Exceptions

- Tabitha and Tonia are examples of women who retained or regained custody of their children but had surviving characteristics.
- IFR caseworkers refused to take them to court.
- Tabitha continued to use drugs after repeatedly completing outpatient and residential treatment.
- Failing to hold Tabitha accountable led to her continued abuse of the system.
- Tonia did enough to satisfy her child welfare caseworker, which is why her case was never brought to court.

Summary

- There is a high prevalence of trauma among mothers who are addicted to drugs and involved with the child protection system.
- The three surviving characteristics represent ways mothers remained unchanged, despite the circumstances.
- The three thriving characteristics represent an internal shift that took place and was manifested in the women's behavior.
- The extent of women's histories of trauma did not seem to determine whether women regained or lost custody of their children.

Implications Practice – SAT & CW

- There is a need for more substance abuse treatment programs that are gender specific, provide comprehensive services and allow women to bring their children into treatment with them.
- Only two programs in the State – Both in urban areas
- Rural communities often lack the resources to help these mothers. Several women in this study were from rural areas. Often did better because they did not know their way around.
- More aftercare recovery programs that accept methadone clients.
- 50% of the women in my study regained custody
 - IFR – women were more likely to receive IFR services
 - The treatment program has been found to be most effective (Covington, 2002)

Implications for Practice

- Child protection often is only concerned about the children and not the parents. We need to create a culture where understanding women's histories of trauma would change how they work with women.
- Regardless of all of the things that have happened with this mom, and knowing all of the traumatic experiences... at the end of the day, we still have to figure out where these kids are going to live and grow up.... Most of our clients have had a lot of traumas beyond my comprehension. But I've also known people who aren't involved in child protection who have had a lot of traumas, too...but as an adult, we have to make a choice. You have to. Because if not, and this child dies in your care, how dare you not give them that opportunity to live. Unfortunately, no one could do anything back then to help them. We're not gonna sit by and let that happen to this child, too.... At some point, somebody's gotta see some relief, be it you, the mother, or this child.... You wouldn't want your child to go through what they're going through now. Then let's make a decision to hopefully minimize that. The parents have to get to a place where they won't let their children go through what they went through, or let's free this child up to be with a permanent family. Ms. Connie. DCFS Caseworker

Implications for Practice

- Need to move beyond the Disease Concept Model – First we treat the addiction and then we treat the mental illness or trauma. If we want to better serve these women, we must move to a model that simultaneously treats trauma, mental health and substance abuse (Bloom, 1997).
- They're not here because of trauma. They're here because of substance abuse. We treat what the real core issue is. The reason why they're here is for substance abuse. And gaining a lot of insight, period, on what their motivation was to start using, then to continue using, and then to have these negative consequences and still continue to use-- just laying that out in black and white helps them to see the pattern, and that's the first step. You have to see what the problem is before you can start doing anything about it. And we have to clear that out of the way before we can deal with all the other issues. In the disease concept, we talk about the five elements, and one of them is that substance abuse is primary. It's the number-one problem. This is the reason why they're here. Whatever traumatic experiences they have, it may have led to drug abuse, but that's not why they're here. So that's the number-one problem we're dealing with, because if we can't move, we can't get to anything else. It's not to say that it [the trauma or mental illness] is less important, but it's not the number-one reason they're here. Ms. Linda, SATC

Implications for Practice – Trauma Related

- Many behaviors can look like non-compliance, or a lack of motivation, when in fact they are ways trauma survivors cope with or manage past histories of trauma (Markoff et al., 2005).
- Many of these women have found ways that help them effectively cope with their past histories of trauma (substance abuse, sexual activity, violent acting out, risk taking) – all of which provide temporary relief. (Bloom, 1997). The problem is these same behaviors that help them manage their histories of trauma often hinder their ability to move forward.
- We must help these women develop other ways of coping with the trauma that does not interfere with their ability to regain custody of their children and/or parent their children.

Implications for SW Research & Education

- Research dealing with mothers who are involved with the child protection system must attend to issues of trauma.
- We need to do more research around neglect/abandonment and ambiguous loss to further support the claims that these are forms of trauma.
- We need to do a better job of teaching social work students and students in the helping professions about substance abuse and trauma. In the absence of education, students learn about it from other workers/systems.