Child Custody and Mothers with Substance Use Disorder: Unintended Consequences

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Key Findings

Substance abusing mothers who had a child removed from their care were **twice as likely** to have a subsequent birth, and **three times as** likely to have a subsequent alcohol or drug exposed birth.

Policy Implications

Child welfare systems should be enlisted to **help interrupt this pattern**, using policies and practices that enhance factors known to help mothers maintain custody, or, for women whose children have already been removed, to bolster supports to help families reunify safely.

Alcohol or drug-addicted mothers who do not complete treatment are very likely to begin using again. These moms are also at higher risk of becoming pregnant again and giving birth to a baby that has been exposed to alcohol or other drugs. Sufficient alcohol/drug treatment coupled with supportive practices by child welfare systems can help interrupt this pattern of unintended consequences.

Substance Abuse & Pregnancy

The 2012 National Survey on Drug Use and Health reported that among pregnant women, 5.9% used illicit drugs, 8.5% consumed alcohol, and 2.7% drank alcohol in a binge pattern.[1]

Substance use during pregnancy affects the growth and development of the fetus, and may put an exposed child at risk for a range of physical and neurodevelopmental problems that persist across the lifespan.

A birth mother with an untreated substance use disorder is likely to provide a home environment compromised by myriad problems associated with addiction.

Removing a Child from a Mother Increases Risk of Future Alcohol– or Drug-Exposed Births

Parental substance abuse is a factor in approximately 50-79% of child welfare cases in which young children are removed from custody. It is a factor in 25 percent of cases with substantiated maltreatment.[2] In these cases substance abuse treatment is usually an essential component of child welfare family plans.

Unfortunately, drug and alcohol treatment completion rates are low among substance abusing mothers who are involved in the child welfare system. A little over half (56.5%) of these mothers complete at least one treatment episode;[3] only 25% complete all treatment requirements. [4,5]

Research has shown that substance abusing mothers who had a child removed from their care were **twice as likely** to have a subsequent birth, and **three times as** likely to have a subsequent alcohol or drug exposed birth.

Effective Intervention With Mothers is Possible

A study looking at 795 mothers enrolled in the Parent-Child Assistance Program (PCAP), an evidence-based program funded by the Washington State DSHS Division of Behavioral Health and Recovery (DBHR) found that at program exit,

78.1% of mothers had not delivered another child during the three-year intervention; 9.6% had another child not exposed to alcohol or drugs; and 12.3% had another child exposed to substances. [7]

Though the traditional response in our child welfare system has been to protect the children of mothers who use substances by removing them from their mother's care, this study demonstrates that these policies may inadvertently be doing more harm than good.

Policy and Practice Implications

Sufficient substance abuse treatment along with other services and supports that promote a woman's keeping her child or successfully reunifying, increases the possibility of her being able to care for the children she already has. Child welfare systems should be enlisted use policies and practices that help mothers maintain custody, or, for women whose children have already been removed, to bolster supports to help families reunify safely:

· **Provide comprehensive, multidisciplinary, and accessible substance abuse treatment and mental health services.** [7,8,9,10,11]

· **Consider reunification (with monitoring) after a parent achieves sobriety** and demonstrates that she is engaged successfully in outpatient treatment, instead of making reunification contingent upon treatment completion and remaining clean and sober.

· **Find options for substitute care that keep a mother involved** in her role and responsibilities as a mother. This might include kinship/relative care with appropriate contingencies, foster care with increasing but supervised mother/child visitation, supervised transitional group home settings, or residential treatment facilities for mothers and their children.

· **Provide intensive case management**, an effective strategy for preventing subsequent exposed births. [8, 11]

· **Use motivational interviewing to explicitly address the issue of contraception** with the aim of helping mothers either end future childbearing and focus on caring for the children they already have, or delay a next pregnancy until a time when they are better prepared to care for another child. These choices are framed within a context of hope that their children will be able to remain in their care.

· **Provide continuity of care during the transition from residential treatment to the community**, (i.e., inpatient treatment followed by outpatient aftercare) to help mothers develop a recovery-oriented support network, prevent relapse, and maintain overall progress – all factors critical to building a safe and stable home environment for children.

Resources

· Fetal Alcohol & Drug Unit, UW: http://depts.washington.edu/fadu/
· Parent-Child Assistance Program (PCAP), http://depts.washington.edu/pcapuw/
· FAS Diagnostic & Prevention Network, UW: http://depts.washington.edu/fasdpn/
· Families Moving Forward with FASD: http://depts.washington.edu/fmffasd/
· Fetal Alcohol Spectrum Disorders Center for Excellence: http://fasdcenter.samhsa.gov
· National Center on Substance Abuse and Child Welfare: http://www.ncsacw.samhsa.gov/
· Trends in Substances of Abuse among Pregnant Women & Women of Childbearing Age in Treatment (SAMHSA): http://www.samhsa.gov/data/spotlight/spot110-trends-pregnant-women-2013.pdf

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