1994

Characteristics and service needs of the pregnant substance abusing population

Jennifer Lynn Jones-Castillo

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CHARACTERISTICS AND SERVICE NEEDS OF THE PREGNANT SUBSTANCE ABUSING POPULATION

A Project

Presented to the Faculty of California State University, San Bernardino

by Jennifer Lynn Jones-Castillo June 1994

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ABSTRACT

The purpose of the study was to gain a better understanding of the common characteristics and service needs of the pregnant substance abusing population. A random sample of 30 case files was selected from a hospital located in San Bernardino in which these women delivered their children. The results indicate that this population has common characteristics that can be considered to be "high-risk" and the services that they require are much greater than the services that they are actually receiving. The study can be a useful tool for social workers when attempting to intervene or provide assistance to this vulnerable population.
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Problem Statement

Drug and alcohol abuse is having a major impact on families in the United States today, particularly women and children. In the last 25 years, society has seen a dramatic increase in the area of drug abuse during pregnancy. Sources have estimated that as many as 375,000 drug exposed infants are born each year (Fiesta, 1991). A recent study by the National Association for Perinatal Addiction Research and Education conducted in 36 hospitals serving women from all socioeconomic levels put the incidence of drug and alcohol exposure at 11% of live births, with a range at surveyed hospitals of 0.4% to 27% (Nolan, 1991). Eight percent of women of child bearing age use some form of illicit drugs and according to the U.S. Department of Health, the number of "crack babies" will exceed 1 million by the year 2000 (Nolan, 1991).

Maternal abuse of drugs during pregnancy places both the mother and her soon to be child at risk. It has been shown that maternal drug abuse is associated with increased rates of complications during pregnancy, during labor and delivery, as well as increasing the risk of premature deliveries and neonatal complications (Johnson & Rosen, 1990). In addition, after delivery these mothers are often placed in a high-risk situation simply because they are often exposed to high-risk environments.
The mother's lifestyle and life circumstances often exposes the fetus and developing child to multiple risk factors including drugs. Other important risk factors that have been shown to be intertwined with maternal drug use include poor prenatal nutrition, poor prenatal-care, chaotic home conditions and poverty (Johnson & Rosen, 1990). In addition, because pregnant substance abusers are especially likely to have chronic addictions, as a group they have often depleted their sources of social support or assistance.

These factors demonstrate the presence of a widespread problem that needs to be addressed. The issue of drug abuse during pregnancy is increasing in society today and can have a variety of social as well as political implications. Substance use and substance use disorders during pregnancy appear to be more common and more generally recognized as major social and public health problems (Raskin, 1993). The system in which these women are often forced to interact does not provide adequate services that are specifically aimed at meeting the needs of this group. The services that are available to pregnant substance abusers are inadequate and those that do exist are relatively small in number (Raskin, 1993).

Research Question and Orientation

This study addressed two main issues related to the pregnant substance abusing population: characteristics and
service needs. The research question was as follows: What are the characteristics and service needs of the pregnant-substance abusing population?

The orientation utilized in this study was the positivist-descriptive approach. This approach is useful when studying the population of pregnant substance abusing women for several reasons. First, a positivist-descriptive approach allows the researcher to give an accurate description of the overall population being studied. In order to study the issue of substance abuse during pregnancy, it is essential to "paint a picture" of this population, to describe common demographics as well as other characteristics that exist among them. A positivist-descriptive approach allows the researcher to examine various concepts such as characteristics and service needs of the pregnant substance abusing population and then provide a description of what this population consists of. The researcher can then begin to identify common themes or patterns that may exist among this population and based upon this information, determine the areas in which assistance or intervention may be required.

In addition, because there seems to be a great deal of information in the area of substance abuse during pregnancy, a positivist-descriptive approach is the most appropriate orientation. It lends itself useful when attempting to understand the service needs of this population as well as
determine whether or not these needs are being adequately met. Finally, postivism encourages an objective approach and would provide useful data when attempting to identify characteristics and service needs in general.

Effects of Drug Use on the Child

When examining the issue of substance abuse in pregnancy, it is essential to understand the effects of drug use on the unborn child as well as the potential effects on the child's developmental process. According to Robert M. Julian, M.D. (1992), the effects of drugs on the fetus fall into two major categories. These categories include: first, early in pregnancy when the limbs and organ systems are forming, drugs may induce structural abnormalities; second, later in pregnancy and during delivery, drugs may induce respiratory depression in the newborn baby because the baby is unable to metabolize or excrete them.

In addition, alcohol, tobacco and illicit drug addiction during pregnancy have been associated with low birth weight, prematurity, small-for-gestational age babies, fetal alcohol syndrome, fetal loss and obstetric complications (Raskin, 1993). Long-lasting neurobehavioral effects include cognitive, emotional and/or behavioral disabilities in infants exposed prenatally to low or moderate levels of psychoactive substances (Raskin, 1993).

In addition, children who are severely impaired by prenatal drug exposure often require long term, expensive
stays in neonatal intensive care units. The average bill for an infant requiring intensive care after delivery is approximately $9000.00 higher than expected charges. In some cases, for the most severely involved newborns, costs have gone as high as $500,000.00 (Raskin, 1993).

However the majority of children, though in need of special services are not so visibly impaired by alcohol and other drug exposure. They may experience difficulties with language development, socialization skills, and behavior disorders that interfere with learning. Difficulty bonding with family members and forming attachments with significant others have also been reported (Nolan, 1991). In whatever case, whether these infants sustain severe or subtle developmental difficulties, these difficulties are often compounded by exposure to unstable, high-risk environments.

Characteristics of Child-Bearing Populations

Along with the potential effects of drug use on the child, it is also important to recognize the variety of psychosocial characteristics that are often evident in child-bearing populations. This population can be defined as "women not yet pregnant, pregnant women and women who have delivered recently" (Raskin, 1993). It has been shown that many of the consequences of substance use during pregnancy are attributable to indirect causes. For example, a large majority of pregnant substance abusers live in poverty, have lack of prenatal care, history of sexually
transmitted disease, inadequate nutrition and history of abusive or neglectful parenting (Raskin, 1993). In addition, chemically dependent women frequently have histories of trauma and abuse as children. They tend to be involved with a chemically dependent male partner, experience domestic violence, suffer from inadequate housing, lack of health care and poverty (Gustavsson, 1992).

Access to Resources and Services

Women who abuse drugs often have great difficulty mobilizing resources essential to their survival such as food, housing, consistent income, medical insurance and medical care. This situation is due to not only the behavioral manifestations of drug use, but also because of the lack of adequate treatment resources that are available to assist (Gustavsson, 1992).

Pregnancy, in and of itself, is often a significant obstacle to substance disorder treatment. Access to treatment may be limited on the basis of pregnancy, on the basis of substance use, on the basis of poverty, medical coverage or on the basis of mental illness (Raskin, 1993). In addition, access to treatment may also be limited by the realistic needs of childbearing women who are often single parents. For example, residential programs commonly exclude or limit the number and ages of children who may accompany their mother to treatment. Inpatient programs virtually all exclude pregnant women with children (Raskin, 1993).
In addition, residential treatment is often rather expensive. The average cost for a years stay at a residential treatment facility is $14,000 and can run as high as $20,000. However, nationally only 10 percent of those who enter into residential treatment facilities complete the full program (Wilson, 1991).

Outpatient programs, on the other hand, often have a scheduled program beginning in the late afternoon to early evenings. Such a schedule is the exact opposite of what a caretaking mother with school aged children can likely manage. In addition, caretakers who might assist the pregnant addict with her childcare needs are typically scarce.

Implications for Social Work Practice

Essentially, there are two victims in this situation, these are: the pregnant substance abuser who often has limited resources and limited options, as well as the unborn or developing child who inevitably suffers the consequences brought on by her drug use. This is a complex area which has a wide variety of implications for social work practice. Research suggests that programs that provide coordinated, comprehensive and family centered care are better at attracting pregnant and parenting substance abusing women into treatment and provide more effective treatment (Finkelstein, 1994). Because the pregnant, chemically dependent woman brings multiple issues to social, health and
welfare agencies, coordinated and gender specific services are required. Thus, the social work profession may choose to advocate for or implement this type of "case management" ideology when attempting to intervene with this population. In addition, the establishment of grassroot organizations aimed at the implementation of new policies or programs or the modification of existing policies and programs that are geared specifically for this population may be necessary.

The major social work role to be evaluated is both direct practice and community intervention. In whatever sense, the study at hand could lend itself useful to the social work profession by attempting to better understand and describe the common characteristics of the pregnant substance abusing population as well as outline what their service needs consist of. In a sense, providing intervention based upon common characteristics or service needs of this group would not only assist the woman who abuses substances during pregnancy, but also help to enhance the quality of life for her developing child.

**RESEARCH DESIGN AND METHODS**

**Purpose of the Study**

The purpose of the research study was to describe the characteristics and service needs of the pregnant substance abusing population at a hospital located in San Bernardino. The research question that was focused on is as follows:
What are the characteristics and service needs of the pregnant substance abusing population?

**Sampling**

The population of interest that was examined consisted of women who abused drugs during pregnancy at a hospital located in San Bernardino County. Because this population was rather large on the whole, the researcher obtained a probability sample of this population. This sample was obtained from case files of women who abused drugs during pregnancy. The case files that were utilized as a basis of measurement were located within the social services department at the hospital in which these women delivered their child.

The researcher evaluated a sample of 30 case files from the total population of interest. This sample was selected for several reasons. First, it provided a representative sample of the population of interest, thus the results obtained could be generalized to the entire group. In addition, this sample was selected due to the convenient access to case records as well as the expedient manner in which a large number can be reviewed. The lack of time in which to meet with and interview these women shortly after delivery makes it difficult to obtain a detailed description of this population. Thus, the researcher focused on those women who had been interviewed by a social worker working within the hospital setting.
Data Collection

Data was collected by the researcher from case files located in the social services department of the hospital in which these women delivered their child. Most of the information that was examined was obtained from a pre-existing questionnaire that is utilized by the social services department. The remaining data was taken from the narrative portion of the questionnaire or directly from case notes.

The data collection process entailed the researcher reviewing the selected case files and inputing appropriate information from these files on to a data abstraction form (see Appendix A). The data abstraction form was created by the researcher and included specific concepts or variables of interest. After this data was collected, the researcher began the process of data input and analysis.

The two major concepts that were examined were "characteristics" and "service needs" of the pregnant-substance abusing population. Common characteristics can be defined as areas in which these women are similar. Services they receive can be defined as the services that they are currently receiving that provide support and assistance. Finally, services they require can be defined as services that would be helpful to their overall situation as identified by the social worker working within the hospital setting.
There were a wide range of variables that assisted in examining each concept. For example, in order to study the characteristics of the pregnant substance abuser, the variables included age, race, marital status, identified support systems, source of income, socioeconomic status, medical insurance, pregnancy history, prenatal care history, substance abuse history and access to resources. On the other hand, when examining the concept of service needs for this population, the variables included resources currently receiving and resources required. Those variables that were not relevant to the study were not included on the data abstraction form.

There are strengths as well as weaknesses to this type of data collection. The major advantages of this type of research consist of the unobtrusiveness of the approach, expediency, and the ability to study phenomena that have occurred in the past (Rubin & Babbie, 1993). In unobtrusive research, the subjects or data being observed are unaware of the research process. This type of research usually costs less and takes less time to perform than other methods of data collection.

However, a major weakness of this approach would relate to the lack of ability for in-depth responses. The researcher must simply analyze what is in front of him and is unable to gain any additional information. In addition, this type of research is much less personal in nature. The
researcher is unable to interact with the subjects in a personal manner and must merely rely upon the information that is available.

As far as reliability and validity, it is difficult to determine with this type of instrument. It would seem to be reliable due to the fact that the same variables were studied across all groups and thus the results remained consistent. In addition, it would seem to be high in validity because the specific variables of interest were chosen by the researcher to ensure that they accurately measure what the study has set out to measure. As far as the data available in the case files, the information may have tended to be somewhat less reliable due to the fact that the data was collected by an individual outside of the research team. Finally, in regards to cultural sensitivity, the current study examined members from several different ethnic groups.

Protection of Human Subjects

The confidentiality and anonymity of the participants in the study was maintained at all times. Demographic as well as other information was examined however individual names were not utilized during any phase of the research process. A letter of authorization from the manager of the social services department permitting the utilization of case files for the purpose of research was obtained. The
findings will be presented to this department at the end of the study.

Data Analysis

This study consisted of both content analysis as well as analyzing existing statistics. In content analysis, the qualitative material obtained is transformed into quantitative data (Rubin & Babbie, 1993). In regards to the study, this process would apply to the narrative section of the questionnaire as well as any written case notes. Both of these areas assisted with obtaining additional information that was not included on the questionnaire. These areas were examined, grouped into a conceptual framework and information was coded into these categories.

However, the majority of the information obtained consisted of analyzing existing statistics. Because a completed, pre-existing questionnaire was utilized as the main basis of measurement, the information to be analyzed already existed. Thus, the researcher's goal was to compile the data from this questionnaire and analyze it using a variety of statistical tests.

Because the study is attempting to describe the characteristics and service needs of the pregnant substance abuser, the data will be presented in the form of frequencies or percentages on each variable. This format allows the researcher to obtain a more detailed description
of what the overall population looked like as well as what their responses consisted of.

RESULTS

Common Characteristics

The sample consisted of 30 case files of women who abused drugs during their pregnancy. These files were randomly selected from a hospital located in San Bernardino County. The women ranged in age from 19-35 with a mean age of 26.07. Thirty-three percent (10) of the sample were Caucasian, 30% (9) were African-American and 37% (11) were Hispanic. There were no Asian or other groups found in the sample. Sixty-three percent (19) of the women in the sample were single, while 23% (7) were married, 10% (3) were divorced and 3% (1) were cohabitating.

The average monthly income was in the range of $600.00 to $800.00 per month. AFDC was the primary source of income for the 73% (22) of the women in the sample while 10% (3) were employed, 7% (2) received SSI or SDI and 10% (3) received income from family or friends. Seventy-three percent (22) of the sample was on Medical, 13% (4) received private insurance, 3% (1) were on Medicare and 10% (3) had no insurance.

As far as pregnancy history, the average number of pregnancies for each woman was found to be 4 with a range of 1-8 pregnancies. The average number of children that each woman had was found to be 4 with a range of 1-8 children in
the home. Only 10% (3) of the women in the sample had adequate prenatal care while 27% (8) had limited prenatal care and 63% (19) had no prenatal care.

As far as substance abuse history, 33% (10) used drugs on a daily basis, 47% (14) used on a weekly basis, 13% (4) used on a monthly basis and 7% (2) used on a yearly basis. In regards to type of drugs used, 17% (5) used cocaine, 43% (13) used speed, 7% (2) used crack, 20% (6) used marijuana, 3% (1) used heroin and 10% (3) used multiple drugs.

In regards to type of housing, 27% (8) lived in a house, 27% (8) lived in an apartment, 3% (1) lived in a motel or hotel, 37% (11) lived with family or friends and 7% (2) lived in shelters. As far as access to transportation, 13% (4) have their own car, 43% (13) rely on family or friends, 13% (4) use bus, dial-a-ride or taxi and 30% (9) have no access to transportation. Seventy-seven percent (23) of the women in the sample have a telephone% (7) had no telephone.

**Services Receiving and Services Required**

The results from the area of services receiving and services required can be outlined in Tables 1 and 2. **Table 1** compares women receiving services and women not receiving services. **Table 2** compares women not receiving services and identified as needing services.
Table 1

Comparison of Women Receiving Services and Women not Receiving Services

(N=30)

% and number of women

<table>
<thead>
<tr>
<th>Resource</th>
<th>Receiving</th>
<th>Not Receiving</th>
</tr>
</thead>
<tbody>
<tr>
<td>*WIC</td>
<td>47% (14)</td>
<td>53% (16)</td>
</tr>
<tr>
<td>Transportation</td>
<td>10% (3)</td>
<td>90% (27)</td>
</tr>
<tr>
<td>Drug Rehabilitation</td>
<td>7% (2)</td>
<td>93% (28)</td>
</tr>
<tr>
<td>**CPS</td>
<td>20% (6)</td>
<td>80% (24)</td>
</tr>
<tr>
<td>***STOP</td>
<td>0% (0)</td>
<td>100% (30)</td>
</tr>
<tr>
<td>****FIND</td>
<td>0% (0)</td>
<td>100% (30)</td>
</tr>
<tr>
<td>High Risk Infant</td>
<td>0% (0)</td>
<td>100% (30)</td>
</tr>
<tr>
<td>*****APP</td>
<td>7% (2)</td>
<td>93% (28)</td>
</tr>
<tr>
<td>Family Planning</td>
<td>13% (4)</td>
<td>87% (26)</td>
</tr>
<tr>
<td>Child Care</td>
<td>0% (0)</td>
<td>100% (30)</td>
</tr>
<tr>
<td>Support Group</td>
<td>0% (0)</td>
<td>100% (30)</td>
</tr>
<tr>
<td>Counselling</td>
<td>0% (0)</td>
<td>100% (30)</td>
</tr>
<tr>
<td>Legal Aid</td>
<td>0% (0)</td>
<td>100% (30)</td>
</tr>
<tr>
<td>Job Training</td>
<td>0% (0)</td>
<td>100% (30)</td>
</tr>
</tbody>
</table>

* = Women, Infant and Children program
** = Child Protective Services
*** = Services Targeted on Prevention
**** = Follow-up Intervention for Normal Development
***** = Adolescent Parenting Project
Table 2
Comparison of Women Not Receiving Services and Women Identified as Needing Services

<table>
<thead>
<tr>
<th>Resource</th>
<th>Not Receiving</th>
<th>Identified as needing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC</td>
<td>53% (16)</td>
<td>43% (13)</td>
<td>13/16=81%</td>
</tr>
<tr>
<td>Transportation</td>
<td>90% (27)</td>
<td>17% (5)</td>
<td>5/27=19%</td>
</tr>
<tr>
<td>Drug Rehabilitation</td>
<td>93% (28)</td>
<td>33% (10)</td>
<td>10/28=36%</td>
</tr>
<tr>
<td>CPS</td>
<td>80% (24)</td>
<td>80% (24)</td>
<td>24/24=100%</td>
</tr>
<tr>
<td>STOP</td>
<td>100% (30)</td>
<td>80% (24)</td>
<td>24/30=80%</td>
</tr>
<tr>
<td>FIND</td>
<td>100% (30)</td>
<td>13% (4)</td>
<td>4/30=13%</td>
</tr>
<tr>
<td>High Risk Infant</td>
<td>100% (30)</td>
<td>30% (9)</td>
<td>9/30=30%</td>
</tr>
<tr>
<td>Adolescent Parenting</td>
<td>93% (28)</td>
<td>0% (0)</td>
<td>0/28=0%</td>
</tr>
<tr>
<td>Family Planning</td>
<td>87% (26)</td>
<td>67% (20)</td>
<td>20/26=77%</td>
</tr>
<tr>
<td>Child Care</td>
<td>100% (30)</td>
<td>37% (11)</td>
<td>11/30=37%</td>
</tr>
<tr>
<td>Support Group</td>
<td>100% (30)</td>
<td>13% (4)</td>
<td>4/30=13%</td>
</tr>
<tr>
<td>Counselling</td>
<td>100% (30)</td>
<td>50% (15)</td>
<td>15/30=50%</td>
</tr>
<tr>
<td>Legal Aid</td>
<td>100% (30)</td>
<td>3% (1)</td>
<td>1/30=3%</td>
</tr>
<tr>
<td>Job Training</td>
<td>100% (30)</td>
<td>17% (5)</td>
<td>5/30=17%</td>
</tr>
</tbody>
</table>

DISCUSSION

In regards to the research question, the results from the study indicate that women who abuse substances during pregnancy have common characteristics. These areas are important to examine because it may indicate a pattern of
"high-risk" characteristics in which intervention may be necessary. For example, the majority of the women in the sample were single and had little available support systems. Being a single parent, in and of itself, can cause a tremendous amount of stress. This stress may be further compounded by the fact that there is little to no support systems available to assist.

In addition, the majority of the women in the sample were on AFDC with an average monthly income in the range of $600.00-$800.00 per month. This finding becomes particularly important when one considers the monthly income compared to the number of individuals in the home. In the study at hand, it was found that the average number of children for each woman was 4 with a range of 1 to 8 children in the home. Thus, these women and their children may be living in a state of poverty with a monthly income range that is too low to adequately meet their needs.

In addition, the results indicate that the services that these women were receiving were limited and the services that they required were much larger in number. It must be noted that many of the services that were outlined are only available to the woman after she delivers her child. However, the results do indicate that their needs are great and the resources that they have involved to assist in meeting these needs are limited.
The findings of the study support the literature in regards to the idea that women who abuse substances during pregnancy have "high-risk" characteristics such as poverty, lack of prenatal care and inadequate resources (eg Johnson & Rosen, Raskin). Based upon these findings as well as the findings supported by the literature, the researcher intends to outline a "case management model" that may be appropriate to assist with coordinating the needed services and addressing the unmet needs of this vulnerable population.

Case Management: An Overview

Case management has been conceptualized as a mechanism for coordinating services in a fragmented service delivery system (Moore, 1992). Delivery systems can be conceptualized as having high or low levels of service integration and resources. Integration of the service delivery system is determined by the extent to which different types of services (for example mental health and medical) and different levels of service (for example inpatient and outpatient) are available and delivered.

In addition, in a case management framework, the level of resources that are available in relation to client need must be taken into consideration. Thus, the functions and structure of a case management system vary with the level of service integration and the level of resources available within the service delivery system.
Case management involves several functions: assessment, service planning, linkages, monitoring and advocacy (Berger et al, 1990). Case management can best be understood as a combination of enabling (through psychosocial interventions) and facilitating (through interventions that focus on the interface between individuals and the environment) (Moore, 1992). In addition, empowering a client to effectively negotiate for resources is essential in the case management system. Thus, the role that the social worker or case manager plays varies depending upon the level of service integration, the level of available resources and client's overall situation.

In regards to the pregnant substance abusing population, a coordinated approach to serving the needs of this group is mandatory. As you can see, health care settings cannot meet the multiple needs of this population and therefore, integration of services is necessary. Case management may offer the best option for intervention at this time, given the limited knowledge as well as amount of effective treatment programs to assist the pregnant, substance abusing population (Berger et al, 1990).

The inadequacy of services for pregnant substance abusers can have a negative impact on the well being of the pregnant substance abuser and her children. Thus, a case manager must advocate for the development of these essential programs. In addition, the case manager must not only
engage the client, but also establish mechanisms to ensure cooperation and coordination from a variety of agencies (Gustavsson, 1992). The case manager would act as the initiator, coordinator and monitor for the multiple services needed by the chemically dependent pregnant woman.

Social workers working within medical settings would be an appropriate "case manager" for the pregnant substance abusing population. In the health care setting the case manager, along with physicians and nurses must work together to identify the pregnant woman who has a problem with chemical abuse. After the problem is identified, an assessment must be made of the overall client situation. Based upon this assessment, the level of service integration and the level of available resources, the case manager will act as a bridge between the community and the patient and would be responsible to formulate a service plan to ensure that the needs of the client are adequately met. This process may entail linking the client to appropriate resources within the community as well as advocating on behalf of the client.

**Treatment Model**

There are several theoretical concepts outlined in a case management framework that can be applicable to the pregnant substance abusing population. For example, in a case management treatment model, the case manager must initially identify the level of service integration along
with the level of available resources in the current service delivery system. The case manager must also take into consideration the overall client situation. After these areas are taken into consideration, the case manager would be responsible to develop a service package to ensure that the needs of the client are being adequately met. When developing a service package, the case manager would play a specific role. These roles can be broken down into four categories: rationing, marketing, brokering and developing.

Rationing: When the service environment is highly integrated but resources are scarce, the role of the case manager is "rationing". In rationing, the case manager is responsible to distribute those resources that are available in the most efficient way possible. Thus, each client would obtain the maximum amount of services that are available to them, based upon the current level of resources.

Marketing: When the service environment is highly integrated and the resource level is also high, the role of the case manager is "marketing". In marketing, the case manager is responsible to determine which services best match the clients needs and to arrange for the delivery of these services. An implementation of a comprehensive service package that specifically meets the needs of the client would be a key goal of the case manager.

Brokering: When the service environment is highly fragmented but the resources are available, the role of the
case manager is "brokering". In brokering, the case manager is responsible to broker services from a variety of providers. After these services are identified, the case manager would be responsible to integrate the necessary services towards the development of a service package. In a sense, the case manager is in the position of compensating for the lack of integration in the service delivery system by identifying available services and integrating them into a manageable package.

Developing: When the service environment is highly fragmented and the resources are not available or are scarce, the role of the case manager "developing". In developing, the case manager is responsible for the development of policies, programs or resources that would be aimed at addressing the needs of this population. This process may call for an implementation of new programs or modification of existing programs to ensure that the needs of this population are being adequately met. For example, in many locations throughout the United States, there is a lack of necessary detoxification facilities and drug treatment programs for pregnant addicts. Thus, the case manager must advocate for the development of these as well as other essential programs.

After the case manager develops a service package which is based upon the level of service integration, the level of available resources and assessment of the client's
situation, it is essential that the case manager follow-up with both the client as well as the agencies in which the services were provided. This situation allows the case manager to not only monitor the progress of the existing situation, but also allows him/her to provide additional resources or assistance that may be indicated necessary.

In the case of pregnant substance abusers, a case management model would be an appropriate alternative. It allows the clients being served to obtain necessary resources which are often lacking in the case of pregnant substance abusers in addition to training them on how to effectively negotiate for necessary resources in the future. It also helps to empower the client as they attempt to negotiate an increasingly complex service delivery system.

Case management is a necessary complement to service integration. It provides a mechanism for integrating and coordinating the various facets of the service delivery system and facilitates more effective interactions between formal and informal systems of care. Integrated systems of care can also deal more effectively with resource deficits and growth in the demand of services. Case management is a strategy that addresses coordination issues from both the supply and demand side of the service delivery equation.

Case managers will need the clinical sophistication to assess the client situation and the system skills to design service packages that adequately meet the client's needs. A
high degree of assessment and diagnostic skills are required to begin disentangling the client's situation and to develop a workable case plan. In addition, specialized training and skills are needed to implement a case plan successfully.

"Social workers do not appear to be well represented in substance abuse treatment programs when one considers the problems of the client populations and the program functions that need to be performed" (Magura, 1994). Thus, it is essential that social workers begin to take a more active role in working with not only the pregnant substance abusing population but also in the arena of case management as a whole. In my opinion, future systems of care should be driven by an ideology that favors not only the empowerment of the client population but also the directing of resources in the most effective and efficient manner possible. Case management in conjunction with the social work profession would allow this process to occur.
DATA ABSTRACTION FORM

ID NUMBER: _____

AGE: _____

RACE:
- Caucasian: _____
- African/American: _____
- Hispanic: _____
- Asian: _____
- Other (specify): _____

MARITAL STATUS:
- Single: _____
- Married: _____
- Divorced: _____
- Widowed: _____
- Separated: _____
- Cohabiting: _____

IDENTIFIED SUPPORT SYSTEMS:
- Parent: _____
- Relative: _____
- Spouse/boyfriend: _____
- Friend: _____
- Other (specify): _____

FINANCIAL STATUS:
- AFDC: _____
- Employment: _____
- Social security/SSI: _____
- Unemployment: _____
- Family support (partner/family): _____
- Other (specify): _____
AMOUNT OF MONTHLY INCOME: ________________

MEDICAL INSURANCE AND POLICY:
- Medical: ______
- Private insurance: ______
- Medicare: ______
- No insurance: ______
- Other (specify): ______

PREGNANCY HISTORY:
- Gravida: ______
- Para: ______

PRENATAL CARE:
- Received adequate PNC: ______
- Received limited PNC: ______
- Received no PNC: ______

SUBSTANCE ABUSE HISTORY:
- DRUG SCREEN:
  - Yes: ______
  - Results: ____________________________
  - No: ______
- FREQUENCY OF DRUG USE:
  - Daily: ______
  - Weekly: ______
  - Monthly: ______
  - A few times a year: ______
- USED DRUGS THROUGHOUT PREGNANCY:
  - Yes: ______
  - No: ______
- TYPE OF DRUGS USED
  - Cocaine: ______
  - Speed: ______
-Crack: ______
-Marijuana: ______
-Alcohol: ______
-Cigarettes: ______
-Heroin: ______
-PCP: ______
-Angel dust: ______
-Pills (specify): _________________
-Crystal: ______

ACCESS TO RESOURCES:

TRANSPORTATION:
-Have car: ______
-No transportation: ______
-Friend/family provides: ______
-Bus, dial-a-ride, taxi: ______
-Other (specify): ______

TELEPHONE:
-Yes: ______
-No: ______

HOUSING:
-House: ______
-Apartment: ______
-Mobile home: ______
-Motel/hotel: ______
-Homeless: ______
-Living with family/friends: ______

RESOURCES CURRENTLY RECEIVING (All that apply):
-AFDC: ______
-WIC: ______
-Transportation (please specify): _________________
-Drug Rehabilitation: ______
-CPS: ______
-STOP: ______
-FIND ______
-High Risk Infant: ______
-APP: ______
-Family planning: ______
-Child care: ______
-Support group (specify): ______________________________________
-Counselling: ______
-Legal Aid: ______
-GAIN: ______
-Job training: ______
-Other: (specify)

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

RESOURCES NEEDED (All that apply):
- AFDC: ______
- WIC: ______
- Transportation (please specify): ________________________________
- Drug Rehabilitation: ______
- CPS: ______
- STOP: ______
- FIND ______
- High Risk Infant: ______
- APP: ______
- Family planning: ______
- Child care: ______
- Support group (specify): ________________________________
- Counselling: ______
- Legal Aid: ______
- GAIN: ______
- Job training: ______
- Other: (specify)

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REFERENCES


