2002

Substance abuse treatment for single mothers: A needs assessment

Leslie Hoskin

SUBSTANCE ABUSE TREATMENT FOR SINGLE MOTHERS: A NEEDS ASSESSMENT

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

---

by

Leslie Hoskin

September 2002

SUBSTANCE ABUSE TREATMENT FOR SINGLE MOTHERS: A NEEDS ASSESSMENT

A Project

Presented to the

Faculty of

California State University,

San Bernardino

by

Leslie Hoskin

September 2002

Approved by:

[redacted]

Dr. Matt Riggs, Faculty Supervisor
Social Work

4/28/02
Date

[redacted]

Beverly Ary, Program Director
Panorama Ranch, Morongo Basin
Mental Health

[redacted]

Dr. Rosemary McCaslin,
M.S.W. Research Coordinator

ABSTRACT

Objectives, This report assesses the feasibility of establishing a substance abuse treatment program that provide services to women and their children in the Morongo Basin area of the California Desert.

Methods. Examination of past female client files of substance abuse treatment facility in Morongo Basin area and three-part survey that was presented to female clients of the Panorama Ranch substance abuse treatment facility.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER ONE

INTRODUCTION

Problem Statement

Mothers with substance abuse problems are a major concern in San Bernardino County. In the United States it is estimated that there are more than 2.5 million children, under the age of 18, living with a mother who uses illicit substances (Shulman, Shapira & Hirshfield, 2000). Many of those women had their children removed by child protective services or sent them to live with relatives to keep them from being removed from their care but the majorities have kept their children with them throughout the course of their substance abuse. Research shows there is a definite link between substance abuse and child abuse and neglect. One study found that nearly all children of substance abusers suffer from some level of neglect (Semedei, Radel & Feig, 2001).

In the year 2000, in the County of San Bernardino there were 10,671 people arrested on drug charges and of that total over four thousand were women arrested for drug offenses (San Bernardino Sheriffs Dept, 2001). When a mother has a substance abuse disorder not only is she affected but the whole community is affected either

through her directly or through her child. County services such as law enforcement and child protective agencies are involved along with the neighborhoods where the addicts live and the children of the addict who go without supervision and other needed necessities. Children born to substance abusing parents are at a high risk for developmental problems but, unfortunately, they are often the least likely to receive developmental services. The reasons for this include parents being actively addicted or being too overwhelmed with their own recovery issues, health issues, or psychosocial stressors (Shulman, Shapira & Hirshfield, 2000).

In the Morongo Basin alone there were over 500 cases of child endangerment in the year 2000 (San Bernardino Sheriffs Dept. 2001). When a mother suffers from substance abuse it affects not just her but also her children. In fact many mothers with substance-abuse disorders have family members who discouraged them from entering treatment because they feel the mother's involvement with treatment will interfere with her ability to care for her family (Nelson, Zlupko & Kaufman, 1995).

When a woman with a child enters substance abuse treatment she often must leave her child behind. This

exacerbates the woman's feelings of abandoning her child and makes her question herself as a woman and a mother (Lieberman, Campanelli, Ades, Cruz, Tomas & Palmer 1999). The reality is that treatment for these women is the only way that they will be able to provide any kind of real care for their children. A child raised by a mother with a substance abuse problem has more adjustment problems, behavioral, conduct and attention-deficit disorders than other children and behaviorally and emotionally function less well (Semedei, Radel & Feig, 2001). Substance abuse is a family problem; it effects all members of the family so why does society think if it can just treat one family member and the problem will be solved?

As a mother goes through substance abuse treatment she learns new coping strategies to deal with life. However, the child is still exhibiting all the behaviors that the mother's substance abuse taught him. When the mother completes treatment and returns to her child she falls into her old patterns of behavior because no one taught her how to interact with her child or change the child's behavior (Semedei, Radel & Feig, 2001). There is truth to the belief that a mother cannot care for her child at the same time she is in treatment because the child is not there with her. So what is the solution? It

is proposed that a residential substance abuse treatment program for women and their children would be a viable solution to this problem.

Morongo Basin Mental Health operates the Panorama Ranch in Joshua Tree, California which is a substance abuse treatment facility with a mixed gender residential program that lasts 90 days. The Panorama Ranch services the County of San Bernardino but does not allow children to accompany their mothers through treatment. A needs assessment is proposed to measure the need for and feasibility of implementing a program that would serve mothers with substance abuse disorders and their children in San Bernardino County. This would be a treatment facility that treats the mother's substance abuse disease, teaches new coping skills, new parenting skills and offers a structured environment for the mother and child and will instruct the mother in techniques that she and her child can experience together to start a new healthy life. If a need for this program can be demonstrated then grant funding may be realized. It is hoped that Social Services, and the court system would connect with the Panorama Ranch and this new program and as a result these agencies would make referrals for their clients to receive treatment.

Policy Context

The number of females incarcerated in the U. S. increased by 433% between 1986 and 1991. In 1991, 1 out of 3 of these women were incarcerated for drug offenses compared to only 1 in 10 in 1979 (Bush-Baskette, 2000). Researchers have found that women are more likely to continue drug use after initial experimentation, using drugs as a way of coping with life events (Bush-Baskette, 2000). Poor women who use illicit drugs on the street are more visible and therefore more vulnerable to stigmatization and incarceration. Since the increased popularity of crack cocaine, more women are using and distributing crack or are involved in support activities such as renting residencies or buying firearms (Bush-Baskette, 2000). The war on drugs has focused a majority of its tactics on street level drugs such as crack, cocaine, heroin and methamphetamines. Policies no longer show leniency for female drug offenders who use, distribute or who associate with males involved in the drug market. These women comprise the largest portion of females convicted and incarcerated in jail in the U. S. (Bush-Baskette, 2000).

An important and salient issue for policy-makers to consider is that associated with the increased

incarceration of young women. This issue may have even greater long-term effects and direr consequences, than the incarceration of their male counterparts (Bush-Baskette, 2000). The amount of money it costs to keep a person imprisoned is high; these costs include the building and maintenance of prisons. Much of the money needed is diverted from public funds for other important needs, such as health, education, and welfare (Bush-Baskette, 2000).

One factor that is unique to women is the effect of their incarceration has on their children. More than 70% of incarcerated women have children under the age of 18, and most were responsible for their children at the time of their incarceration. In comparison, while 65% of incarcerated men have children, fewer than 50% of them were the primary caregivers of their children prior to imprisonment (Bush-Baskette, 2000). The costs of incarcerating a woman who has children extend beyond the disruption to her life and the expenditure of public funds required to imprison her. These include the effect her incarceration has on her children and on those people who become the guardians, as well as the financial costs related to the supervision of her children while she is incarcerated (Bush-Baskette, 2000). Incarceration costs

could be re-funneled into treatment costs that would save the state.

Proposition 36 is the Substance Abuse and Crime Prevention Act which, requires probation and drug treatment, not incarceration, for possession, use, transportation for personal use of controlled substances and similar parole violations, except sale or manufacture. This initiative authorizes dismissal of charges after completion of treatment. The net annual savings would be $100 million dollars to $150 million dollars to the state, and about $40 million dollars to local governments (U. S. Attorney General, 2000).

Practice Context

Several types of substance abuse rehabilitation programs exit. The medical model identifies with physical causation and prescribes medication as a way to battle substance abuse. Cedar House located in Bloomington services a dually diagnosed clientele who have both mental and substance abuse problems. Panorama Ranch uses a social model. According to the CAARR Institution, social model programs emphasize learning through "doing" and "experiencing" and providing positive role models. The counseling staffs are role models, teachers and

facilitators (California Association of Addiction and Recovery Resources, 2000)

The majority of Substance abuse rehabilitation centers in San Bernardino County use the social model. The problem is that the majority are also either coed or strictly male or female residents. Very few have programs for child rearing women.

Finding a treatment program that accepts both the mother and her children may make the difference between a reunited family and an incarcerated mother with her children in the child welfare system. These programs provide education, guidance, and support (Hohman & Butts, 2001). Clients should also be encouraged to participate in a 12-step program such as Alcoholics Anonymous, Narcotics Anonymous, or Cocaine Anonymous, for a minimum of six months (Hohman & Butts, 2001). Many treatment programs recommend an attendance of 90 A.A. or N.A. meetings in 90 days after graduation and children are welcome at most meetings. Such daily attendance helps provide structure as well as support for both the mother and the child (Hohman & Butts, 2001). Social workers should be aware who their clients sponsor is, how often he or she meets with the sponsor, how far along he or she is in the 12-step program, what has been learned from the steps, and how

many meetings per week are being attended (clients can obtain signatures to verify attendance). Social workers should also be familiar with the 12-steps (Hohman & Butts, 2001).

Purpose of the Study

The purpose of the study was to develop a needs assessment that would determine the need for a substance abuse treatment program for women with children. Before such a program could be implemented its feasibility must be determined in the community. Is there a need in the community for a substance abuse treatment center for mothers with minor children? How much would it cost to implement? Where would this program be implemented and by whom? What would be the socioeconomic status of the population to be served by this program? What would be the ethnic and cultural profile of the community? Where would the funding come from (grants etc.)? How much would it cost and what would the variables effecting the implementation of this program? This entire question would affect the implementation of a family treatment program but until a study could be done no answers could be found.

This needs assessment was aimed at determining the feasibility of implementing just such a program that would cater to the specific needs of addicted mothers who have children. If this study could find a need then the possibility of funding could be a reality and a new program could be created for mothers and their children.

Significance of the Project for Social Work

Substance abuse is a significant ingredient in the majority of CPS cases. Knowledge of treatment issues and types of services offered would be an exceptional tool for any social worker to have. Incarcerating mothers with substance abuse problems does not work; it only disrupts the family unit. The children's services pendulum swings back and forth between family reunification and permanent placement of children. At the moment the pendulum is focused on family reunification. It is a recorded fact that the majority of cases in social services involve some kind of substance abuse by the parent. The majority of parents involved with social services are single female heads of household (Hohman & Butts, 2001)

Social workers in CPS dealing with mothers who abuse alcohol or controlled substances need to be educated on the essential components of recovery and how these

translate into the reunification plan. Clients also need to clearly understand the precise requirements of their reunification plan. Most drug-addicted mothers, should, at a minimum, be actively participating in a drug rehabilitation program (Hohman & Butts, 2001).

In the Morongo Basin drug abuse is at epidemic proportions. It is an isolated community consisting of Morongo Valley, Yucca Valley, Joshua Tree, and Twenty-nine Palms yet Panorama Ranch serves the entire county of San Bernardino. There were 500 cases of child endangerment alone in the Morongo Basin. Over four thousand women were arrested for drug offenses in San Bernardino County in 2000 (San Bernardino Sheriffs Department, 2001).

A treatment facility that accommodates women and their children would lower the incarceration rates of female drug abusers and give social services a powerful instrument in helping their female clients that suffer from substance abuse.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Until the late 1980's, treatment models for substance abuse were based on the "single individual" model of treatment. This was developed for single males without children (Moore & Finkelstein, 2001). Times have changed and statistics now show that women are catching up with the male population when it comes to substance abuse arrests (San Bernardino Sheriffs Dept, 2001), and it is estimated that 80% of welfare caseloads are families with substance abuse problems (Moore & Finkelstein, 2001). This literature section looks at the problems of substance abuse treatment for female clients who have children. It looks at some treatment models that have proven to be successful in treating women and their children.

Women in Treatment

Women in the United States have long been major consumers of both legal and illegal drugs. When the Harrison Act was passed in 1914, approximately one in 10 million people then living in the U.S. were addicted to drugs. Most of these addicts were housewives who were addicted to opiates that could be legally purchased in

over-the-counter medicinal remedies. Throughout the twentieth century, drugs such as sedatives and tranquilizers have been prescribed for women at a much greater rate than for their male counterparts. Women also outnumber men in emergency room treatment for overdoses of prescription drugs (Bush-Baskette, 2000).

Traditionally men have faired better in substance abuse treatment programs because treatment programs have catered to single males while women, who are more likely to be primary caregivers to dependent children, tend to experience greater apprehension in giving up their children to enter treatment. Female clients often cite a lack of childcare as a major obstacle to participation in treatment programs and entry rates, retention and completion rates are significantly lower for female clients than male clients (Nelson-Zlupko & Kaufman, 1995).

According to Nelson-Zlupko & Kaufman, (1995), it is more likely that women substance abusers come from families where substance abuse was used as a coping strategy by one or more of its family members. Research done by Biederman, Faraone, Monuteaux, Feighner and Jennifer, (2000) show that that individuals with substance abuse disorders spend a greater portion of their lives exposed to parents with substance abuse disorders and that

exposure to parental substance abuse disorders predicts offspring substance abuse disorders. Research also shows the child's first and most important social support and learning system is the family. This is where the child learns right from wrong, morals, social norms and behaviors (Irwin & Simmons, 1994).

So what does society do if the child is learning all his/her social and coping skills from a mother with a substance abuse problem? The child assumes that substance abuse is the norm and internalizes that behavior as his or her own. When the mother goes into treatment and gets clean and sober by completing the program and graduating from treatment she resumes her job as a mother. The mother has made significant changes in her behavior and her life. However, the child is the same, the child still has all the behaviors the mother's addiction taught him. No one treated the child and eventually statistics show that the majority of mothers who go through treatment without their children will relapse back into their drug addicted behavior (Nelson-Zlupko & Kaufman, 1995)

The high failure rates of women in traditional treatment programs have brought about new developments in programs for women. These programs focus on the strengths of women using her past and present experiences as

learning tools. This new focus is based, partly, on feminist theory, which recognizes the oppression of women in this society. Economic, financial, sexual inequality, and lacking of marketable job skills are ways that oppression has affected women currently and historically (Nelson-Zlupko & Kaufman, 1995).

Women who are pregnant or who have dependent children are often hindered from entering or completing drug treatment because of the absence of childcare or special services for women. If and when drug treatment programs accept pregnant women for treatment, they often fail to address their specific service needs. Treatment centers that cater to both sexes very rarely offer specialized services for women (Grella, 2000). One survey of approximately 300 treatment programs in five cities in 1992 found that although the majority accepted pregnant women for treatment, few programs have funding for or are able to make referrals for prenatal care (Grella, 2000).

Drug treatment for women needs to take into consideration their special needs related to pregnancy and child rearing (Grella, 2000). Pregnant and childrearing substance abusing women typically have limited economic resources and weak social support networks, suffer from depression, anxiety, and low self-esteem, have feelings of

shame and guilt and often have histories of childhood trauma, parental substance abuse, and physical abuse (Grella, 2000).

In 1984, public policy makers became concerned about the fate of maternal substance abusers and focused their attention on developing interventions to reduce substance use among women who are pregnant and/or parenting (Grella, 2000). One intervention was to increase the funding for special services and programs designed specifically for women with substance abuse problems. The federal government amended block grant legislation to require each state to set aside 5% of its block grant allocations specifically for new or expanded alcohol and drug abuse services for women (Grella, 2000). Encouraging states to spend set-aside funds to develop women-only treatment units, programs offering special ancillary services for women, and services for pregnant women were one way the government (Grella, 2000).

By 1988, amid public concern over drug-exposed infants and the national "war on drugs" Congress doubled the "women's set-aside." In addition, in the late 1980s and early 1990s, Congress enacted legislation that funded demonstration grants for model programs for drug-using pregnant and postpartum women. Yet, recent evidence

indicates that funding for specialized services and programs for women and the priority on treatment for pregnant and parenting women may be reversed by shifts in the control over funding from federal to state and local entities and from cost containment efforts (Grella, 2000).

Grella did a study that examined the variability in treatment outcomes for women in residential programs (2000). The Drug Abuse Outcome Study (DATOS) was used to obtain a mulitisite prospective study of treatment effectiveness in 16 drug treatment programs in eleven cities from 1991 to 1993(Grella, 2000).

Grella's study demonstrated that pregnant and childrearing women who were treated in residential drug treatment programs with higher proportions of other such women were retained in treatment for longer periods of time (2000). A comparison of these programs services, showed they provided more specialized services that addressed women's needs and that longer retention rates were strongly associated with higher levels of post treatment abstinence (Grella, 2000).

Existing Program Examples

There are several program models that operate in the United States that cater to pregnant and childrearing

women. One model of treatment for women with children is the "SafePort I Model" in Florida, which was created in 1992 by the Key West Housing Authority and funded by a HUD Drug Elimination Program Grant. This program consists of seven converted public housing apartment buildings. This model uses a Ill-Phase treatment model in which the foci are on early abstinence, relapse preventions and long-term recovery. The focus is on family and individual counseling and all family members receive an intense biopsychosocial assessment to determine the problems to be addressed in treatment (Metsch, Wolfe, Fewell, McCoy, & Haskins, 2001)

Baker (2000) did research on the efficacy of two programs, the "House of Hope" and "A Place to Be." These programs aim at meeting the special needs of pregnant women and women with children. They strive to provide treatment for substance abuse and parenting skills as well as sexual and physical abuse counseling and therapy for psychiatric illness. These programs also subcontract with area agencies to teach independent living skills and meet educational, medical and psychological needs of the women and their children are met.

The Emerson-Davis Family Center in New York is another facility that caters to parents with substance abuse problems. The goal of the Center is to develop

interventions that will provide a safe, home-learning environment that supports parents and children while in treatment. Funding is drawn from Housing and Urban Development (McKinney) Grants. The staff is responsible for providing on-site supervision 24 hours a day, 7 days a week. This supervision covers such services as support management, substance abuse, relapse prevention, parenting skills training and managing affiliations and liaison with community agencies (Lieberman et al., 1999).

PROTOTYPES Women's Center in Pomona is a comprehensive substance abuse treatment facility for women and their children. It offers residential, outpatient and day treatment programs. The programs serve over 300 women and children at any one time and approximately 900 women each year. The program has specialized components for women living with HIV/AIDS and women who are survivors of violence and victimization.

All of these programs are impressive and will be contacted for further information on program curriculums, funding, client referrals and outside agency involvement to get an idea of how they were implemented and what kind of research must be done to complete this assessment.

Summary

History shows that substance treatment has been centered on the single-male model. Women are now entering into the drug scene as more that simple addicts, women are now distributors and manufacturers as well (Moore & Finkelstein, 2001).

Incarceration does not solve this problem and for a female addict with children there are far more obstacles to hurdle in getting treatment that works and staying clean. The children of these women must be considered because these children affect their mother's recovery chances (Grella, 2000). Research has also shown that without good parent models and care they are more likely to fall into addictive behavior themselves. This will repeat the cycle of addiction (Nelson-Zlupko & Kaufman, 1995). This needs assessment could possibly change that outcome for some of the female substance abuser in San Bernardino county by showing that there is a need for a specialized program too treat this population.

CHAPTER THREE

METHODS

Introduction

This chapter discussed the methods used to measure the need for a new program to serve women with children. Population, sampling and methods were discussed. A coed substance abuse rehabilitation program will be the data source. Past and present female client populations were utilized to determine if a substance abuse treatment program that will serve a specific population (mothers with children) is feasible. A questionnaire of current and past female clients was offered. If a need can be exhibited for a program of this kind then funding could be sought trough grants and state funds.

Study Design

This assessment utilized a dual design study: The first part was a study of past and present client records to establish the number of female clients who have been heads of households. This means that they were responsible for dependents. These data would give an idea of how many women with children Panorama Ranch has serviced in the past and would give a projected need for the future. To get a sufficient number for this

assessment four years worth of client files would be analyzed.

The second part of the assessment was a survey of female clients in a residential treatment center. This survey was include a number of independent variables including number of children, involvement with CPS, the wants and needs of the mothers in treatment and whatever these mothers felt that having their children with them during their treatment would make a substantial difference in their recovery.

The Program Director at Panorama Ranch (Beverly Ary) shares an interest in this subject and the results of this assessment would be shared with Ms. Ary. Ms. Ary has indicated that if proof of sufficient need for a treatment program for mothers with children can be determined, she would seek funding for such a program.

Sampling

The method of sampling that was be employed for this assessment was a purposive sampling technique. The objective of this assessment was to determine whether there was a need for a substance abuse treatment program for mothers with children so a population of substance abusing women with children was sampled. This population

consisted of childrearing females and it was be drawn from the Panorama Ranch Treatment Center. The survey was be offered to all female clients of the Panorama Ranch facility. All who participated did so on a voluntary basis. Female client files from residents were be used to provide demographic information of past and present female clients.

Data Collection and Instruments

The data source was the Panorama Ranch, which is owned and operated by Morongo Basin Mental Health. Panorama Ranch Treatment Center has been serving the county of San Bernardino and has been an established part of the Morongo Basin for over 19 years. To gather demographic information and determine whatever population there is that would benefit from a parent-child substance abuse program, access was given to closed client files and open files of current clients of the program. Level of income was drawn from the client benefit document to determine mean level of income of childrearing female clients. It is theorized that the majority of these clients were below the poverty line and therefore would not be able to seek specialized treatment on their own. City of residence would be recorded. The level of

measurement for the demographic portion of the survey was use nominal except for the income age and years of education questions, which used scale measures to record data. Panorama Ranch only services clients whose residence is in the County of San Bernardino due to funding limitations. However this showed how much of the clientele is part of the Morongo Basin area. Client age, ethnicity and marital status were recorded to establish a client profile. These files were treated anonymously and confidentiality and the actual clients names were not recorded. After data was recorded all names and related information pertaining to the identity of these clients was destroyed. Confidentiality was strictly observed and clients who participated in the survey part of this assessment did so on a voluntary basis.

A ten-question likert scale type survey was submitted to these women. These statements were asked to rate the feelings of the women surveyed on their own drug and alcohol use, their feelings about having their children with them and about their referral sources.

A 15-question true false survey was also submitted. This survey asked questions about their substance abuse to get a clearer picture of the client profile.

Current and past clients were surveyed. The independent variables that were be analyzed were: Age, race, marital status, education, employment, and income. Also how these women were referred were recorded. Were these women forced to enter treatment as an incentive for CPS or the court system? If the children were not wanted then having them there would be a disincentive on the mother's treatment process. Did they think it this would help them or do they feel it would hinder them? What were their feelings on the causes of their substance abuse? How many women in treatment had Child Protective Service (CPS) cases that were currently open. Have any of these clients had their children removed from their custody due to substance abuse? Was completing treatment as a necessity for regaining custody of their children? Did they feel they would have had a longer recovery rate if they were allowed to have their children with them during their treatment? The dependent variable was the actual need for the treatment program for mothers with dependent children. This was determined by the response to the survey and the demographics of potential client population provided by the past and present case files.

Procedures

The first part of the assessment procedure was checking past and present female client files. The past client file check went back four years including 2001. Checking through the files and reading the assessments in the progress notes section of the files verified whether they had minor children as dependents. These records provided the income level of these women, number of dependents, social services involvement, criminal history and treatment plan including goals.

The second part of this assessment involved a questionnaire that was submitted to current clients (sample) who had children and had to leave them to enter treatment for a time period up to 3 months. The survey was offered to the female child rearing clients of Panorama Ranch. Participants were informed of the study being done and asked for their participation. Participants were informed that participation was strictly voluntary. A colleague who is not employed by Morongo Basin Mental Health and is not familiar with the Panorama Ranch facility administered the survey. All participants' signed an informed consent form prior to filling out survey. A debriefing form was given after filling out the survey.

Gathering the data of past and present female client files was done under the supervision of Sue Short, Program Coordinator for Panorama Ranch. Female client files for the last four years were made available and specific information was removed and inserted onto extraction protocol (see Appendix A). No record of client names or identifying information was kept and files were not tampered with in any way. This information was used to establish the existence of a client population and profile that would have benefited from a substance abuse program for mothers with their children.

The data was gathered by Leslie Hoskin, a Masters of Social Work student under the supervision of Beverly Ary, Program Director for Panorama Ranch and Dr. Matt Riggs, research advisor. The timetable for data gathering aspect of this assessment was approximately three to five months, which was followed by the analysis and results.

Protection of Human Subjects

The confidentiality and anonymity of the study participants was strictly enforced. The women who participate in this study will do so on a voluntary basis. The past and present client files that were used to profile potential populations were used however no names

were being recorded. The data was extracted and recorded. No participant names were used. Study participants were asked to sign informed consents before they participated in the study and they were told that they could stop at any time during the study (see Appendix D). The participants were given debriefing statements with the names of the researcher and the advisor along with a phone number to contact the researchers if they had any questions concerning the study (see Appendix E).

Data Analysis

After the data has been collected it was analyzed by using frequency distribution tables to determine the values of the variables measured. For the nominal variables the frequency distribution was constructed directly from the raw data. Scale, interval and ordinal measures were assigned values for SPSS program for analysis. The Likert type scale survey had values assigned to the answers to determine the results.

Demographic data was analyzed to profile the client population that would be most likely to benefit from a treatment program for mothers with their children. The true false questions were analyzed to determine how the

subjects viewed their own substance abuse habits and if they felt they would benefit from this type of program.

SPSS computer program was utilized for bivariate analysis and standard deviations between variables to determine the meaning of the data and its dispersions. Correlational analysis were used to discover, describe and measure the strength and direction of associations between variables.

Summary

In order to determine the need for a substance abuse treatment program for mothers with their children Data was collected and analyzed. Past and present female clients of Panorama Ranch treatment program were the subjects in this study. Surveys were the tools used to measure the need and the levels of measurement was nominal, scale and ordinal. The data was analyzed to determine the relationships between variables to determine the need for a substance abuse program for mothers with children.

CHAPTER FOUR

RESULTS

Introduction

This needs assessment sought to show the necessity for a substance abuse treatment program strictly for mothers with minor children. This needs assessment sought to show the characteristics, attitudes, emotional needs and client population demographics of the population in the county of San Bernardino, or more closely the Morongo basin that would benefit from just such a program.

Presentation of the Findings

The first part of this study was a series of three surveys consisting of a demographic section to measure the population that would be served by a treatment program for women with minor children. A Likert scale section to measure the attitudes and feelings of women about having their children with them in treatment and their attitudes about the involvement of the department of Children's Services in the process of this type of treatment program. The last part of the survey was a 15-question yes/no survey to measure attitudes about drug abuse.

The sample population ($\underline{N}$ = 32) women who were currently clients of Panorama Ranch Substance abuse

Treatment Facility. Their ages ranged from twenty to fifty-three with a mean age of 33.41 (SD = 8077) out of the thirty-two women surveyed nine were admitted t o the treatment facility from jail. The racial/ethnic composition of this population was as follows, Caucasian at 27 (79.4%) Spanish/Hispanic and Mexican/American both ranked at 2 (5.9%) leaving only 1 (2.9%) as Asian.

The educational levels of the women participants varied from grade level six to a college level education of Bachelor degree (grade 16) with a mean grade level of 11.41.

The marital status of the participants comprised the following categories: Never married 9 (26.5%); Widowed 2 (5.9%); Separated 6 (17.6%); Divorced 9 (26.5%); And married 6 (17.6%).

Referral source was analyzed and the following data was found: Self-referral 7 (20.6%); Court or probation referred 17 (50.0%); Child Protective Services referred 5 (14.7%); Parole 1 (2.9%); other 2 (5.9%).

To establish a need for a specific type of treatment facility it is important that a population can be identified within a reasonable travel area. The results of the women surveyed lived in the following areas: Yucca Valley 11 (32.4%); Joshua Tree 11 (32.4%); 29 Palms 5

(14.7%); Victorville 2 (5.9%); Landers 1 (2.9%); Morongo Valley 2 (5.9%).

Being admitted to treatment at a previous time was analyzed and found that 13(38.2%) women surveyed had been through treatment before while 19 (55.9%) had not been through treatment before. Income level results were 72% were $0-$15,000, 25% were at a level between $15,001-$30,000 and only 3% had an income level between $30,001-$45,000. These results indicate that the majority of female clients at Panorama Ranch are from the immediate area, are low income, unmarried, Caucasian and referred by court or Child Protective Services.

The second part of this three-phase survey was a Likert scale section to measure the attitudes and feelings of women about having their children with them in treatment and their attitudes about the involvement of the department of Children's Services in the process of this type of treatment program.

The sample population was 32 female clients, (N=32) of which ten statements were offered. Statement 1 asked if substance abuse was a family problem. 81% of the respondents strongly agreed that substance abuse was a family problem while 13% agreed that substance abuse was a family problem with only one (3%) respondent disagreeing

and one (3%) respondent strongly disagreeing. Fifty percent (16) of the respondents strongly agreed that children should be in treatment with their mothers and 38% (12) agreed that children should be in treatment with their mothers. Only four of the women surveyed disagreed that children should be with their mothers in treatment and none of the respondents strongly disagreed.

Of the respondents who felt that substance abuse was a major problem in their life 59% felt strongly that substance abuse was a major problem, 25% agreed that it was a problem and only 13% disagreed that substance abuse was a major problem. The statement that children should receive treatment for their mother's substance abuse was offered and while only 13% disagreed, 50 % strongly agreed and 38% agreed. The question of whether or not child Protective Services should intervene when children are involved with a mother with a substance abuse problem the results were that 31% strongly agreed, 31 % agreed, 19% disagreed and 19% strongly disagreed. Of the women surveyed 34% strongly agreed that having their children with during treatment would be a distraction, 44% agreed that their children would be a distraction, 13% disagreed that they would be a distraction and 9% strongly disagreed that their children would be a distraction. When asked

about the statement that having their children in treatment with them would help 50% strongly agreed it would be helpful, 31% agreed it would be helpful, 13% disagreed and 6%strongly disagreed that their children in treatment with them would be helpful.

The statement that county treatment facilities should offer family treatment programs was met with enthusiasm. Eighty-one percent strongly agreed and 19% agreed with no respondents strongly disagreeing or disagreeing at all. Of the women surveyed 50% strongly agreed that there is a need for mothers to have their children with them in treatment, 34% agreed to the need, 13% disagreed to the need and 31% strongly disagreed. The statement that children were present during their mother's substance abuse and should be present during her treatment was responded with 53% strongly agreeing and 34% agreeing while 9% disagreed and 3% strongly disagreed.

The responses of this part of the survey contain some contradictions such as the statements concerning having their children with them in treatment that will be analyzed in the discussion part of this assessment.

The last part of the survey consisted of 15-yes/no question about substance abuse. This was to gage the respondent's attitudes and feelings about their own

substance abuse. The sample population was 32 women in treatment (N = 32). In the question of being a normal substance abuser 44% felt that they were a normal abuser while 56% felt they were not. Thirty-four percent felt they were able to stop using when they wanted while 66% felt they could not stop when they wanted to. Ninety-seven percent felt that substance abuse had created problem for them or their families while only 1 (3%) respondent did not feel there was any problem. 63% stated they had lost a job due to substance abuse whereas 37% stated they had not. When asked if they had ever neglected their family for two or more day due to substance abuse 69% stated they had and 31% stated they had not. Fifty percent had been hospitalized due to their substance abuse and 50% had not. When asked if any had been arrested due to substance abuse 91% stated they had while 9% stated they had not. Eighty-seven point five percent felt bad about their substance abuse and 12.5% did not. Sixty-nine percent had gotten into fights due to substance abuse while 31% stated they had not. Sixty-nine percent stated they had experiences some sort of withdrawal from drugs or alcohol while 31% stated they had not. Of the thirty-two surveyed 53% stated they had had an open Child Protective Services case while 47% stated they had never had an open Child

Protective Services case. Along those lines 34% had had their children removed by Child Protective Services and 66% had not. Thirty-one percent had psychiatric problems due to their substance abuse and 69% had not. Twenty-two percent had medical or health problems from their substance abuse while 78% felt they had suffered not medical problems from their substance abuse. When asked if they had ever gone to anyone for help 75% stated they had while 25% stated they had not. It is evident from these findings that the majority of these respondents feel substance abuse has had some sort of negative impact on their lives, this issue will be addressed further in the discussion section.

The previous results are from women who were in treatment at the time of this project. To get a greater understanding of the need for a treatment facility that catered to women with children and to show larger need for a treatment facility of this kind past client files were used. Initially four years of past client records were to be used, however, it was found that two years of client records would be sufficient for the purpose of this study. Demographic information was pulled from past female client files. The sample population consisted of (N = 124) to establish a possible population in the Morongo Basin that

could be serviced by a treatment facility that focuses on mothers with their children.

The mean age range of the sample was 32.66 with a youngest being 18 and a maximum age of 58 with a S.D. of 8.95. Of the females admitted 25% were admitted from a correctional facility. The ethnic spread of clients was as follows: 86% Caucasian, 6% African American, 6% other, 2% Mexican American, 1% Asian. Education levels had a mean grade of 11.48 with the highest-grade level completed at eight years of college and the lowest to be grade 5 with a S.D. = 1.98 and a range of 14. Marital status was broken down into five categories. Thirty-seven percent were never married, 5% were widows, 19% were separated, 25% were divorced and 14% were married at the time of their treatment. The referral source of these clients was as follows: 28% were self referred, 35% were referred by the court system or probation department, 21% were referred by Child Protective Services, 11% were referred from parole, 1% from Social services and 2% were from other sources.

Of major importance is the residence of the clients because the purpose of this needs assessment is show that there is a population in the Morongo Basin that would benefit from a specialized program of treatment. Sixty-eight percent of the client files surveyed came from

the Morongo Basin area with the break-down as follows: 32% Yucca valley, 11% Joshua Tree, 19% 29 Palms, 3% Victorville, 3% Landers, 1% from San Bernardino, 2% Morongo Valley, 1% Hesperia, 4% Apple valley and 23% coming from various other regions.

Previous admit to treatment was 36% while 74% had never been to substance abuse treatment before. Employment data is as follows: 2% worked full time, 7% worked part time, 5% were looking for work, 83% were not looking for work and 3% had other. It is important to understand that the not looking for work encompasses a variety of reasons from incarceration, being on public aid to drug dealing. What this means is that at the time of their treatment these women were not looking for work. Connecting this with the income statistics it shows that 94% earned $15,000 or below, 4% earned between $15,001-$30,000 and only 1% earned between $45,001-$60,000 annually.

Factor analysis was run on the data from these surveys and the results are seen in Tables 1-4.

Table 1. The Impact of Substances Abuse has had on Life.

Suffered Withdrawals	.878	-4.7E-02
Neglected family due to S.A.	.744	-7.67E-02
Fighting due to S.A.	.742	-7.67E-02
Lost job due to S.A.	.649	-.139
Asked for help	.637	5.25E-02
Hospitalized due to S.A.	.528	.342
Psychiatric problems due to abuse	.459	.159
Medical problems due to abuse	.362	.261

Table 2. Substance Abuse as a Major Problem in Life

S.A. major problem in life	.694	-.165
S.A. a family problem	.620	-9.417E-02
CPS should intervene when children are involved with S.A.	.504	2.761E-02
County should offer Family tx.	.497	.237

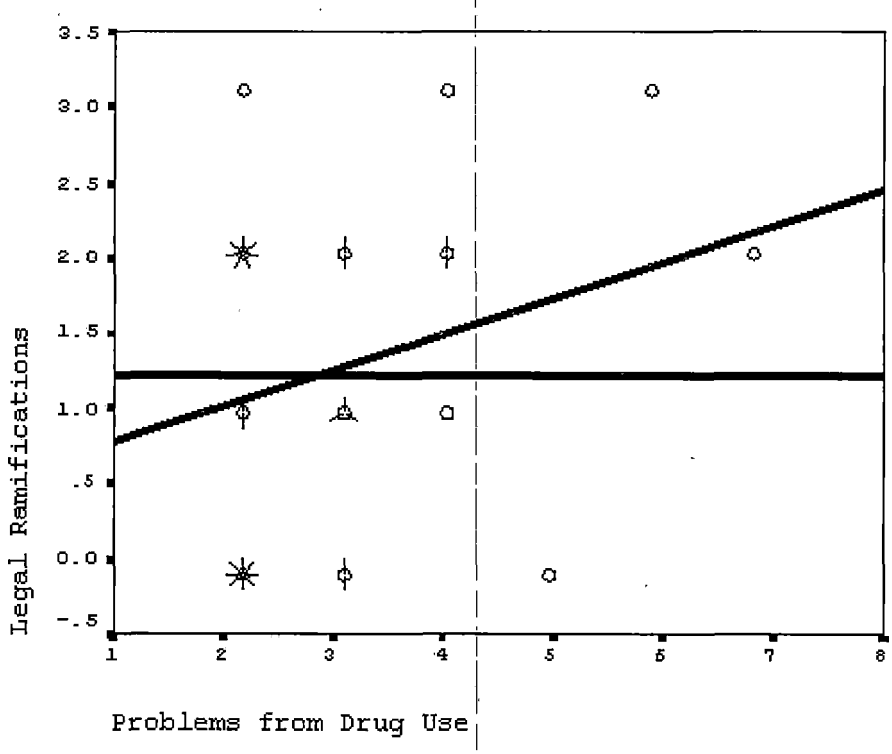
Table 3. Children in Treatment

Having children in tx would help	.961	-3.165E-02
Children should be in tx with mom	.906	-2.204E-02
Children would be a distraction in tx	.860	-5.523E-02
There is a need for children in tx	.842	.110
Children should get tx with mom	.712	-9.694E-02
Children should get tx for mothers S.A.	.329	.326

Table 4. Legal Problems due to Substance Abuse

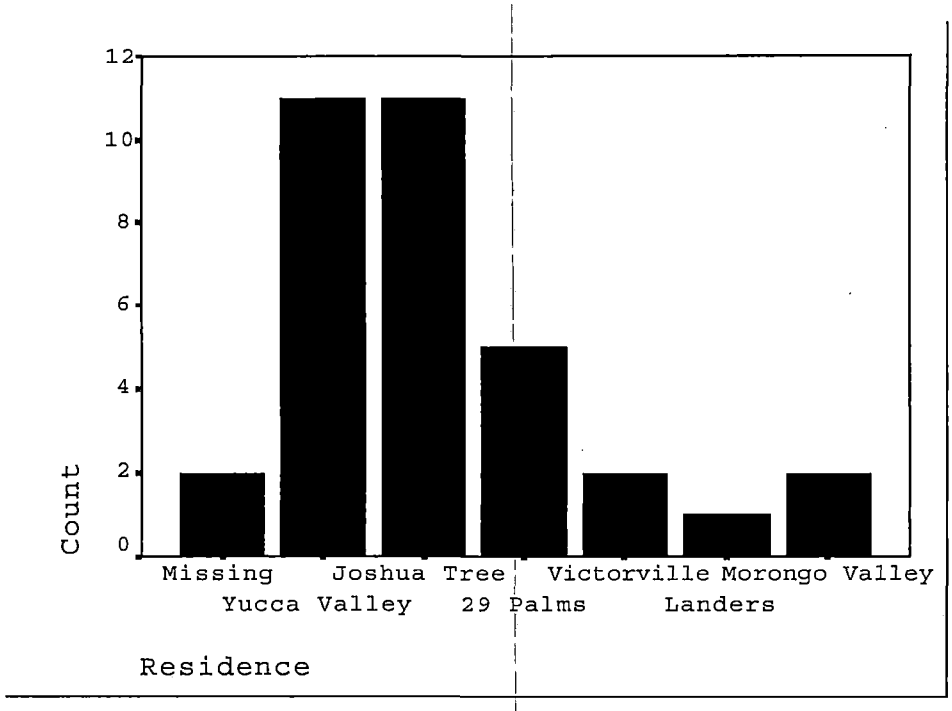
Open CPS case ever	.827	-2.690E-02
Children removed by CPS	.608	5.524E-02
Arrested for S.A.	.482	-1.572E-02

(S.A. = substance Abuse)
(CPS = Child Protective Services)
(tx = Treatment)



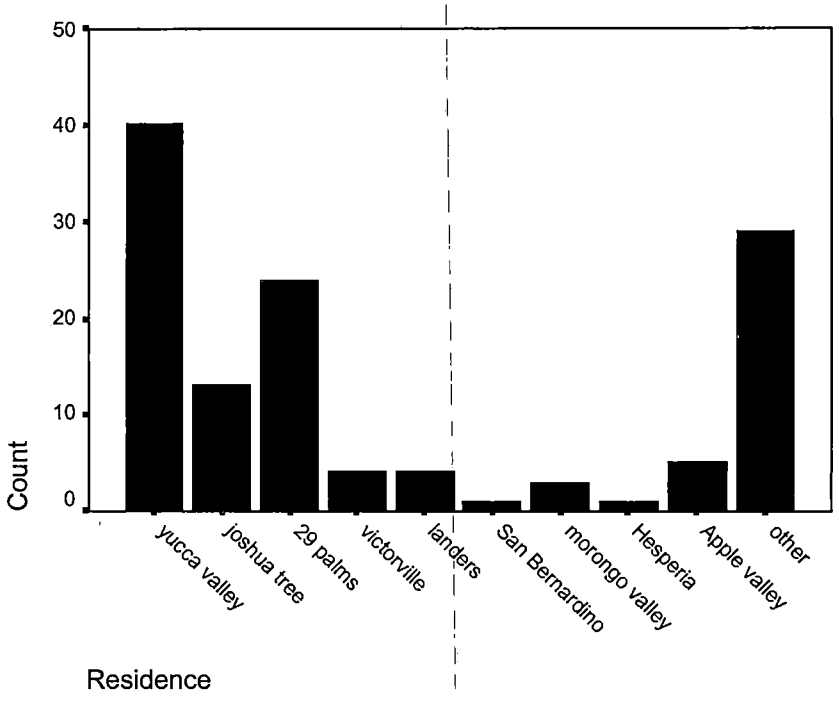
The Impact of Substances Abuse has had on Life correlated with Substance Abuse as a Major Problem in Life as follows: (r = .32, p = .07).
Legal problems from substance abuse correlated with substance abuse being a major problem in life as follows: (r = .30, p = .1).

Figure 1. Correlations From Factor Analysis



N = 32, S.D. = 1.35

Figure 2. Current Client Residence



N = 124, S.D. = 3.65

Figure 3. Past Client Residence

Summary

The results section presented the statistics of this needs assessment. The researcher utilized descriptive frequencies for the demographics. Various variables were also utilized in formulating the correlations. Residence income and attitudes were a major factor in this study as it is by this that a need can be revealed for a treatment program for women with children.

CHAPTER FIVE

DISCUSSION

Introduction

A discussion of the statistical findings of this assessment will be discussed within this chapter. The limitations of this study will also be conveyed in detail with regard to recommendations for social work practice, policy, and research. Lastly, a summary of conclusions obtained from the project will be briefly mentioned.

Discussion

The purpose of this needs assessment was to show a need for a substance abuse treatment facility for mothers and their children. Several factors were analyzed to determine the need for this type of treatment. The attitudes of women in treatment about this type of treatment program, a study of the population indicates that such a program would be advantages, the income level of the population surveyed to establish a need and the attitudes of those surveyed about their own substance abuse and how it effected their lives.

The premise for this needs assessment was that a substance abuse treatment program where mothers could acquire treatment with their children would benefit the

Morongo Basin area. The tools for measurement were surveys of present clients and past client files.

The idea was that females would want their children with them in treatment rather than having Child Protective Services or relatives care for them while the mother is in treatment. The attitudes of female clients about having their children with them in treatment was measured by a Likert scale that identified by the response to statements about children in treatment and the intervention of Child Protective services.

Before such a treatment program can be implemented it must be determined if the women with children would participate in such a program. Do mothers want their children with them in treatment? By looking at five statements (2, 4, 7, 9 and 10) in the Likert scale that addressed that question the results were definite that women do want their children with them. The mean of the responses to these four statements was 85% in favor of having their children with them in treatment. The results indicated that these women feel that their substance abuse is a family problem and a major problem in their life. The evidence was strongly in favor of the county providing a treatment program for mothers with children.

The overwhelming evidence that women want their children in treatment with them is contradicted by the response to statement six: my children would be a distraction for me in treatment. The response was 78% that having their children with them in treatment would be a distraction. Further study would need to be done to ascertain just why or what about having their children would be distracting. However, the evidence in favor of children in treatment is especially strong.

Having a substance abuse problem can be very subjective experience to the individual. Denial is a very strong force and many people do not want to admit that they are powerless over substance abuse. Admitting that they are under the control of a substance and cannot stop is unbearable. The surveys of the attitudes of these women were examined to determine their feelings about their own substance abuse. If these women felt that substance abuse was not really a detrimental force in their life than treatment would not work. The results of this survey clearly indicates that the majority of these women felt that their substance abuse had been a problem in their family life. The data showed that substance abuse had been a negative influence in their lives by loss of employment, being arrested (legal problems), getting into fights,

neglecting their families and not being able to stop on their own. By looking at the results of this it can be ascertained that these women are aware that they have a problem and treatment would be a viable alterative to continued substance abuse. The first step to recovery is admitting there is a problem.

The last area explored on this survey was demographic data. The Morongo Basin is an isolated community consisting of several cities. But is there enough of a need in the Morongo Basin for a separate treatment program for mothers with children? This data outlined the need for just such a program in the Morongo Basin. Current client surveys and past client files were used to get a profile of future populations in need of a treatment program for mothers with their children.

Area of residence, referral source, marital status and income profiles were used to identify potential clients. Other characteristics were also examined however, it was felt they did not impact the outcome identifying a population for future treatment.

Of the current client population surveyed indicated a significant amount (93%) of these women hail from the Morongo Basin. Of the past client files studied there was a sizeable amount (67%) of past female clients that were

from the Morongo Basin Area establishing a viable client population. The referral sources of these women were examined, why did they enter into treatment? Seventy-two percent of these women were forced to enter into treatment either by the courts, probation, parole, or Child Protective Services. What happened to the children of these women? That data is not available however it can be concluded that if there was a program for women with their children this population would benefit.

The majority of these women (82%) are single parents being separated, divorced, widowed or never married. Again the question of what happens to the children of these women when they enter treatment has to be asked. In 84% of these women live below the poverty line and cannot afford day care or fulltime babysitters. If these women are on aid they must relinquish guardianship to someone else while in treatment in addition, do they want to give up their children for ninety days. As stated previously eighty-five percent of the women surveyed would want their children with them in treatment. This establishes elemental population that would benefit from a treatment program for women and their children.

The factor analysis showed a correlation between legal problems and drugs being a problem in the lives of

these women. There was also a correlation between having a drug problem and the impact it had on their lives. Since 66% stated they were unable to stop using on their own the alternative to continued use is incarceration, which would leave their children in foster care or with relatives. Death, which would leave their children orphans or a treatment program, specifically designed for their needs and those of their children.

According to the Morongo Basin Chamber of Commerce, in the year 2000 the population of San Bernardino County was at 1,709,434. The population of the Morongo Basin is 34,822 with 10,000 of that being the Marine Air combat center in 29 Palms, so in reality the actual population is 24,822 (K. Carson, personal Communication, 07/22/2002). It was assumed that the population sample would be a limitation due to the small size of the sample. However, when comparing this to the population size it is a fair size sample. Despite this fact, for the sake of factor analysis and correlation analysis a large sample would be beneficial.

These results prove a viable client population that would benefit from this type of treatment program in the Morongo Basin.

Limitations

One of the first limitations of this needs assessment is the ethnicity of the sample population. Of the 124 past client files 86% were Caucasian and of the 32 current clients surveyed 84% were Caucasian. This is not an ethnically balanced distribution of female clients. Due to this the attitudes and values are not culturally diversified and may be skewed.

The second limitation that may have an impact on the findings is the income level of the participants. Of t he 124 past client files studied 95% listed their income as below $15,000 annually. Of the 32 current clients surveyed 72% listed their income as below $15,000 annually. This does not give a balanced representation of the Morongo basin population however; it does show that the majority of women in treatment are raising their children alone and in poverty. These women are in need of a county run facility because they would be unable to pay any kind of fee for services of this type.

When an individual enters a substance abuse treatment program it can be reasoned that they have been under the influence of some kind of substance for an extended length of time. According to Dr. Joseph A. Pursch, former director of a substance abuse rehabilitation program at

the navel Regional medical Center in Long Beach Ca., where Betty Ford began her treatment. According to Dr. Pursch recovery means going from pills and booze to people and feelings which is a process that takes from two to three years of sobriety and abstinence from substances. Essentially this means that women in this study were still affected by the substances they used.

Limiting the study to women already in treatment may limit the overall effectiveness of this assessment by only enlisting the opinions of one population. This is a population where the majority has been forced to seek treatment for their substance abuse and will have penalties levied against them if they fail. Getting the attitudes and opinions of women before they are forced into a situation that forces them to drastically change their lives may offer different results.

For the next researchers who attempt an assessment of this type it would be advantages to document the number of children of each mother surveyed. This would give more weight to the data collected and have more of am impact on the people who may be reading this type of study and who may be considering launching a treatment program of this nature.

Recommendations for Social Work Practice, Policy and Research

A substance abuse treatment program for women with children would be a viable alternative to the removal of children due to the mother's substance abuse. If a mother is arrested for the illegal use of substances whether it is drugs or alcohol. Rather than her children being put in foster care while the mother fulfills her obligation of attending a treatment program, which can be from 90 days the a year. The social worker would have the option of offering the mother a program that would not traumatize the children by separating them from their mother but allowing these children to receive treatment along with the mother. These children have behaviors that have been learned due to their mother's substance abuse and would benefit from treatment.

The policy of the Department of Children's Services is to reunite families. Not only is this a solution to removing children from families with substance abuse problems it also opens the door for more research on the effects substance abuse on the family. By establishing a policy of working with these families and determining what works and what does not, data can be accumulated that may

help with solving the problem of substance abuse in families.

Conclusions

Removing a child from their mother is a traumatic experience for both child and mother. The Morongo Basin is a relatively small community. It does, however, serve the county of San Bernardino along with the Morongo Basin residents. The attitudes and feelings of the women in this study show that a treatment facility for women with their children would be useful in this locale and the demographics establish a need and prove that it would be a worthwhile project.

APPENDIX A

QUESTIONNAIRE AND

DATA EXTRACTION PROTOCOL

Survey

1. Age _____
2. Admitted from jail. Yes_____ No_____
3. Ethnicity Spanish/Hispanic_____ Mexican/American_____

   Asian-American _____ Caucasian_____

   African-American _____ Other_____
4. Years of Education _____
5. Marital Status Never Married_____ Widow_____

   Separated_____ Divorce_____ Married_____
6. Referral Source Self_____ Court/Probation_____ CPS_____

   Parole_____ Social Services_____ Other_____
7. Residence

   Yucca Valley_____ Joshua Tree_____ 29 Palms_____

   Victorville_____ Landers_____San Bernardino_____

   Morongo Valley_____ Hesperia_ Apple Valley_____

   Other_____
8. Previous admit to Treatment Yes_____ No_____
9. Employment status

   Full time_____Part time_____ Retired_____ Looking for work_____

   Not looking for work_____ Other_____
10. Income level

    0-$15,000_____$15,001-$30,000_____ $30,001-$45,000_____

    $45,001- $60,000_____ $60,001 +_____

There are 10 statements in this questionnaire. They are statements about raising children and substance abuse treatment. You decide the degree to which you agree or disagree with each statement by placing the appropriate number at the end of each statement. Pleases answer these statements frankly and truthfully. Answer the questionnaire as quickly as you can. Do not spend too much time on these statements. Please do not skip any statements and use only one answer. If there is anything you do not understand please ask your questions now.

1 = Strongly Agree

2 = Agree

3 = Disagree

4 = Strongly Disagree

1. Substance use and abuse is a family problem _____
2. Children should be with their mothers in treatment_____
3. Substance abuse has been a major problem in my life_____
4. Children should receive treatment services for their mother's substance abuse problem_____
5. Child Protective Services should intervene in substance abuse cases where children are present_____
6. My child would be a distraction for me in treatment_____
7. Having my children with me in treatment would help my recovery_____
8. County treatment facilities should offer family treatment programs_____
9. There is a need for mothers to have their children with them in treatment_____
10. A mothers children were present during her addiction and should be present in her treatment as well_____

Yes or **No** questions about substance abuse

1. Do you feel that you are a normal substance user? Yes_____ No_____
2. Are you always able to stop drinking or using drugs when you want to? Yes_____ No_____
3. Has drinking or using drugs ever created a problem for you and your family, children or significant other? Yes_____ No_____
4. Have you ever lost a job due to drinking or using drugs? Yes_____ No_____
5. Have you ever neglected your family for two or more days due to alcohol or drug use? Yes_____ No_____
6. Have you ever been to a hospital because of your drinking or drug use? Yes_____ No_____
7. Have you ever been arrested for your alcohol or drug use? Yes_____ No_____
8. Do you ever feel bad about your alcohol or drug use? Yes_____ No_____
9. Have you ever gotten into fights due to alcohol or drug use? Yes_____ No_____
10. Have you ever suffered from withdrawal symptoms such as excessive sleeping, tremors (DT's), irritation, vomiting or other physical symptoms of withdrawal? Yes_____ No_____

11. Do you now or have you ever had an open CPS case?

    Yes_____ No _____

12. Have you ever had your children removed by CPS due to substance abuse? Yes_____ No _____

13. Have you ever had a psychiatric problem that was due to drinking or using drugs? Yes_____ No_____

14. Have you ever been told you have a medical problem such as cirrhosis of the liver, lung or heart problems due to drinking or using drugs? Yes_____ No_____

15. Have you ever gone to anyone for help about your drinking and drug abuse Yes_____ No_____

Data Extraction Protocol

1. Age_____
2. Admitted from jail. Yes_____ No_____
3. Ethnicity Spanish/Hispanic_____ Mexican/American_____

   Asian-American _____ Caucasian_____

   African-American _____ Other_____
4. Years of Education _____
5. Marital Status Never Married_____ Widow_____

   Separated_____ Divorce_____ Married_____
6. Referral Source Self_____ Court/Probation_____ CPS_____

   Parole_____ Social Services_____ Other_____
7. Residence Yucca Valley_____ Joshua Tree_____

   29 Palms_____ Victorville_____ Landers_____

   San Bernardino_____ Morongo Valley_____

   Hesperia_____ Apple Valley_____ Other_____
8. Previous admit to Treatment Yes_____ No_____
9. Employment status. Full time_____ Part time_____

   Retired_____ Looking for work_____

   Not looking for work_____ Other_____
10. Income level 0-$15,000_____ $15,001-$30,000_____

    $30,001-$45,000_____ $45,001- $60,000_____

    $60,001 +_____

APPENDIX B

INFORMED CONSENT

Substance Abuse Treatment for Single Mothers
A Needs Assessment

Informed Consent

This study that you are about to participate in is being conducted by Leslie Hoskin, Graduate student under the supervision of Dr. Matt Riggs, Professor of Social Work, under the guidance of Dr Rosemary McCaslin, Professor of Social Work California State University San Bernardino. This study is designed to assess the need for a substance abuse treatment program for mothers with minor children. The Institutional Review Board at California State University, San Bernardino, has approved this study. The University requires that you give your consent before participating in this study. In this study you will be asked to respond to a set of questions about the need for a substance abuse treatment program for mothers with minor children. If you feel disturbed before or during taking this survey please let us know immediately. You should feel free **not** to answer any question at any time. This survey will not effect your treatment in any way. There are no right or wrong answers. Completion of this questionnaire should take approximately 20 minutes. All of your responses will be held in the strictest of confidence by the researcher. No names will be used in the questionnaire or in any part of this research assessment.

Your participation in this research study is completely voluntary and you are free to withdraw at any time. In order to ensure the validity of this study, the researcher asks that you not discuss this study with the other participants.

If you have any questions about the research at any time, you may contact the researcher, Leslie Hoskin or Dr. Dr Rosemary McCaslin (909) 880-5507. Complete results of this study will be available after June 2002.

Please check the box below to indicate you have read this informed consent and freely consent to participate in this study and are 18 years of age or older.

Please place a check mark here ☐ **Date** _____

APPENDIX C

DEBRIEFING STATEMENT

Substance Abuse Treatment for Single Mothers:
A Needs Assessment

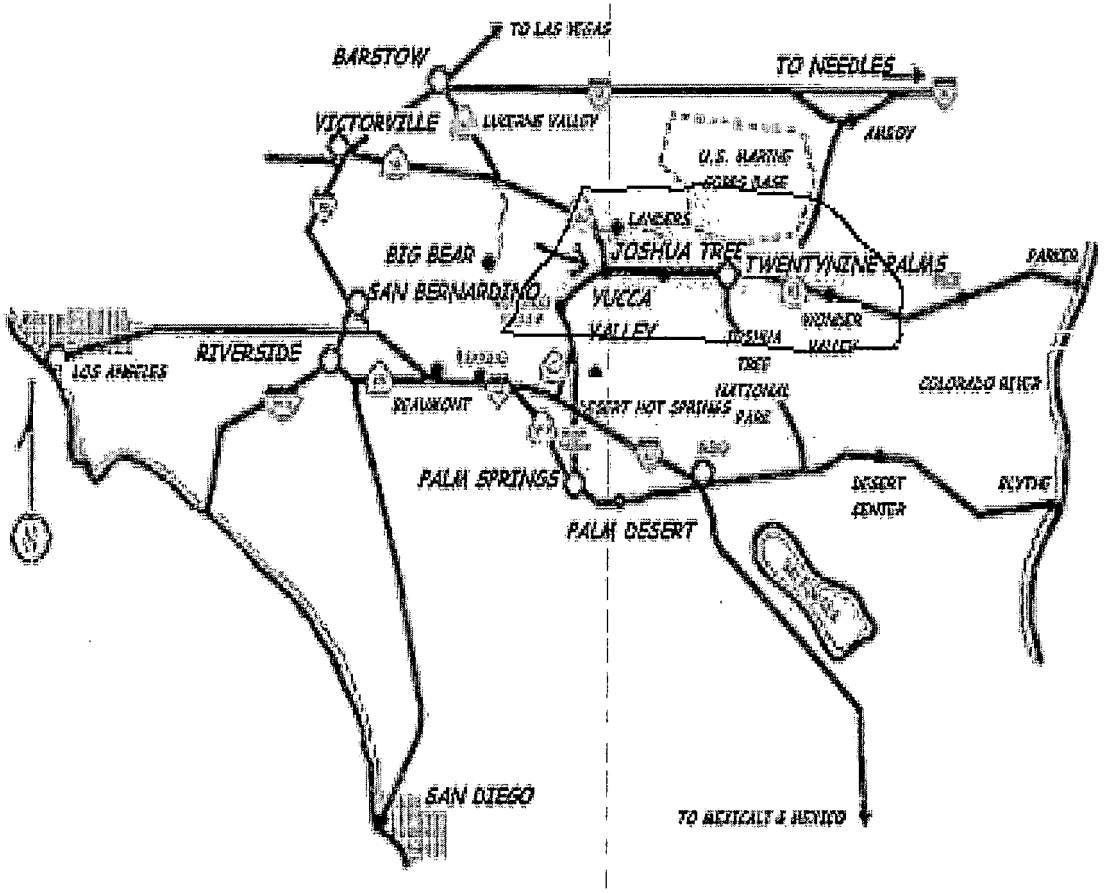
Debriefing Statement

Thank you for participating in this study.

This study in which you have just participated will explore the need for a substance abuse program for mothers and their children. In this study questions about the need for such a program were asked. The study is particularly interested in whether a program of this type would help a mother and her child stay abstinent from alcohol or illicit drugs. All information collected will be kept anonymous and confidential. Thank you for not discussing the nature of this study with the other participants. If you have nay questions about this study, please feel free to contact Leslie Hoskin or Dr. Rosemary McCaslin at (909) 880-5507. If you would like to obtain a copy of this study, a copy will be available at the facility after June 2002.

APPENDIX D

MAP OF MORONGO BASIN


TO LAS VEGAS
BARSTOW
TO NEEDLES
VICTORVILLE
LUCERNE VALLEY
AMBOY
U.S. MARINE
CORPS BASE
LANDERS
BIG BEAR
JOSHUA TREE
TWENTYNINE PALMS
SAN BERNARDINO
YUCCA
VALLEY
PIONEER
TOWN
JOSHUA
TREE
RIVERSIDE
LOS ANGELES
BEAUMONT
DESERT HOT SPRINGS
NATIONAL
PARK
COLORADO RIVER
PALM SPRINGS
DESERT
CENTER
BLYTHE
PALM DESERT
SAN DIEGO
TO MEXICALI & BEYOND

REFERENCES

Baker, P. L. (2000) I didn't know: Identity transformation of women addicts in Treatment. Journal of Drug Issues, 30(4), 868-881.

Beiderman, J., Faraone, S. V., & Monuteaux, M. (2000). Patterns of alcohol and drug use in adolescents can be predicted by parental substance abuse disorders. Pediatrics, 106(4), 792-799.

Bush-Baskette, S. (2000). The war on drugs and the incarceration of women. Journal of Drug Issues, 30(4), 919-929.

Chavkin, W., & Breitbart, V. (1997). Substance abuse and maternity: The United States as a case study. Addiction, 92(9), 1201-1206.

Gella, C. E., (2000). Program variation in treatment outcomes among women in residential drug treatment. Evaluation Review, 24(4), 364-384.

Hohman, M., & Butt, R. L. (2001). How soon is too soon? Addiction recovery and family reunification. Child Welfare, 80(1), 53-68.

Irwin, D. B., & Simmons, J. A. (1994). Lifespan developmental psychology. Madison, WI: Brown & Benchmark.

Leiberman, H. J., Campanelli, P. C., Ades, Y., Cruz, T., Nagel, L., & Palmer, J. (1999). Reunifying single parent families with special needs. Psychiatric Rehabilitation Journal, 33(1), 42-47.

Metsch, L. R., Wolfe-Torres, B., & Perterson-Baston, P. (2001). Treating substance abuse using women and their children in public housing. Preliminary evaluation findings. Child Welfare, 80(2), 199-120.

Meyers, C., & Moss, I. (1992). Residential treatment: likage with community drug treatment program. Child Welfare, 71(6), 537-546

Moore, J., & Finkelstein, N. (2001). Parenting services for families affected by substance abuse. Child Welfare, 80(2), 221-239.

Nelson-Zlupko, L., & Kauffman, E. (1995). Gender differences in drug addiction and treatment: implications for social work interventions. Social Work, 40(1),45-55.

Robertson, N. (1988). Getting better: Inside alcoholics anonymous. New York: Willaim Morrow and Company

Semedia, J., Radel, L. F., & Nolan, C. (2001). Substance abuse and child welfare: Clear linkages and promising responses. Child Welfare, 80(2), 109-129.

Shulman, L. R., Shapira, S. R., & Hirshfielld, S. (2000). Outreach development services to children of patients in treatment for substance abuse. American Journal of Public Health, 90(12), 1930-1934.