

'Recovery coaches' effective in reducing number of babies exposed to drugs

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Social work professor Joe Ryan says recovery coaches can significantly reduce the number of substance-exposed births as well as help reunite substance-involved families, saving state child-welfare systems millions of dollars in foster-care and other placement costs. Photo by L. Brian Stauffer

About 11 percent of the 4 million babies born in the U.S. each year have been exposed to alcohol or illicit drugs in the womb, according to a June 2006 report by the National Center on Substance Abuse and Child Welfare. If removed from the home by child protection, these children tend to remain in foster care longer, and chances are very low that they will be reunited with their parents.

However, a groundbreaking study led by Joseph P. Ryan, a faculty member in the School of Social Work at the University of Illinois, indicates that recovery coaches can significantly reduce the number of substance-exposed births as well as help reunite substance-involved

families, saving state child-welfare systems millions of dollars in foster-care and other placement costs.

The study, part of a larger collaboration among the U. of I., the Department of Children and Family Services, and Treatment Alternatives for Safe Communities, appeared in the journal *Child Abuse and Neglect*. The sample included 931 women in Chicago and suburban Cook County who had lost temporary custody of their children to DCFS, and who were chronic substance abusers referred for alcohol and drug assessments. Sixty-nine percent of the women had given birth to at least one substance-exposed infant prior to enrollment in the study.

Although several characteristics - age, race, and cocaine or heroin use among them - place certain women at higher risk for giving birth to a substance exposed infant, mothers who have at least one prior substance-exposed infant are significantly more likely to deliver additional substance-exposed infants.

The study made use of an experimental design: Families were randomly assigned to one of two treatment conditions. The mothers assigned to the control group during the five-year study received traditional child-welfare and substance-abuse services; the mothers assigned to the experimental group received traditional services plus the services of a recovery coach. The coaches - caseworkers with special training in addiction, relapse prevention, case management and counseling - focused on getting the mothers into substance-abuse treatment and keeping them there by engaging in face-to-face contacts in the family home and with treatment-provider agencies. If a mother suffered a relapse - a common event in the recovery process - or dropped out of the program, the recovery coach helped re-engage her with treatment, and helped her meet the legal and other requirements associated with regaining custody of her children.

At the study's conclusion, 15 percent of mothers assigned to the recovery-coach group had given birth to a subsequent substance-exposed infant compared with 21 percent of mothers assigned to the control group. Overall, mothers assigned to the recovery-coach group were more likely to access substance-abuse services, and were more likely to achieve family reunification, saving the state of Illinois \$5.5 million in foster-care and other placement costs.

Reunification rates for substance-involved families typically are the lowest of all families involved with the child-welfare system. "One reason that they don't achieve reunification is that they are unable to address the core problem of substance abuse, and that really presents an obstacle toward judges making decisions to have the children return home," Ryan said. "A recovery coach increases the reunification rate by about 6 percent, which is a small but significant gain."

Often, substance-involved families are grappling with several major problems - such as mental illness, inadequate housing, domestic violence and unemployment - "so it's somewhat unrealistic to think that one case worker can effectively manage all those types of problems," Ryan said. "No single intervention is going to solve the complex array of problems that these families encounter. But if we chip away at it - increase reunification rates, close out foster-care placements at a higher rate, decrease the likelihood of additional substance-exposed infants - it produces gains for families and for the state."

It is important to note that one obstacle to identifying substance exposure at birth is the lack of federal or state laws that mandate testing newborns for drug exposure. A recent nationwide study found that there are no standardized testing practices or criteria for testing infants in most hospitals, and the decision to test a newborn is left to the discretion of the attending physician or the hospital.

Co-authors of the study, which appeared in the November issue of the journal, were professor Christopher R. Larrison, research specialist Pedro Hernandez and graduate student Jun Sung Hong at the U. of I., and Sam Choi, a postdoctoral scholar in the School of Social Service of Administration at the University of Chicago.

Source: University of Illinois at Urbana-Champaign

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