

From Research to Practice

May 2005

A summary of research from the Center on Substance Abuse and Mental Illness,
Mandel School of Applied Social Sciences, Case Western Reserve University

TITLE

Facilitators and Barriers to Dual Diagnosis Treatment

PRINCIPAL FACULTY

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PILOT STUDY INVESTIGATORS:

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Elizabeth Tracy, Ph.D.

SUBJECTS

334 women with substance abuse and mental health problems

82 family members of these women

SETTINGS

Substance abuse treatment programs and corrections facilities in Cuyahoga County

PROJECT PERIOD

2002-2007

FUNDED BY

National Institute On Drug Abuse

Woodruff Foundation

Ohio Department Of Mental Health

"I lied to get in the substance abuse program. I told them I didn't have any mental illness and I wasn't on any meds. Once I was in the program I told them the truth"

– Woman in Treatment

STRENGTHENING PRACTICE AND SERVICE DELIVERY FOR LOW-INCOME WOMEN WITH CO-OCCURRING SUBSTANCE USE AND MENTAL DISORDERS

Women with dual disorders (co-occurring substance use and mental disorders; such as depression, anxiety and post traumatic stress disorder) pose complex practice and service delivery issues. These concurrent disorders are associated with increased disability and relapse. Traditional substance abuse treatment providers often have difficulty addressing the mental health concerns of their clients. Similarly, in traditional psychiatric treatment programs, substance abuse often goes unrecognized, undiagnosed, and untreated.

Research has demonstrated the need for integrated service models if the barriers to coordinating multiple service delivery systems are to be overcome. Much of the research and practice has focused on men with serious and persistent mental illness, leaving women with post traumatic stress disorder, anxiety or depression as an understudied population.

Through funding from The National Institute on Drug Abuse, Case Western Reserve University/Mandel School of Applied Social Sciences has established the Center on Substance Abuse and Mental Illness. The Center is comprised of three educational, training and research initiatives that focus on co-occurring substance use and mental disorders.

The Dual Disorders Research Program of the Center is currently conducting three interrelated research studies involving women with dual disorders.

Questions asked in these studies include:

- To what extent do mental disorders currently occur with substance use disorders among women?
- What barriers do women experience while trying to obtain both mental health and substance use treatment?
- What are the support issues for women and their families?
- What issues specific to women and their families have been overlooked or under addressed?

The studies are being carried out in collaboration with Hitchcock Center for Women, Recovery Resources, and the Cuyahoga County Corrections Center.

Following is an overview of each pilot study including purpose, selected major findings and what the findings mean for day to day work for women in treatment and recovery and their families.

Preliminary findings from each of these studies have been presented to the participating agency sites. Administrators and practitioners have made suggestions and comments that have been incorporated in the summaries.

The three studies and investigators are:

"Families of Women with Co-occurring Substance Abuse and Mental Disorders: Involvement, Roles and Well-Being"
David Biegel, Ph.D.

"Facilitators and Barriers to Substance Abuse and Mental Health Treatment for Women in Jail"
Kathleen Farkas, Ph.D.

"Personal Social Networks of Women with Co-Occurring Substance Abuse and Mental Disorders"
Elizabeth Tracy, Ph.D.

"We see lots of mental health disorders that are not schizophrenia. The lack of mental health facilities especially for the non-severe mental disability client is a big struggle"

– Treatment Provider

“Personal Social Networks of Women with Co-Occurring Substance Use and Mental Disorders”

Elizabeth M. Tracy, Ph.D., LISW, Principal Investigator

“Women complain all the time to us about how negative their network is to them”

Treatment Provider

“I was afraid that if I spoke to the counselor and told him what was really going on with me, I would lose my baby”

Woman in Treatment

“He parties himself and so he doesn’t help me much. He doesn’t push me to do what is right”

Woman in Treatment

Purpose of Study

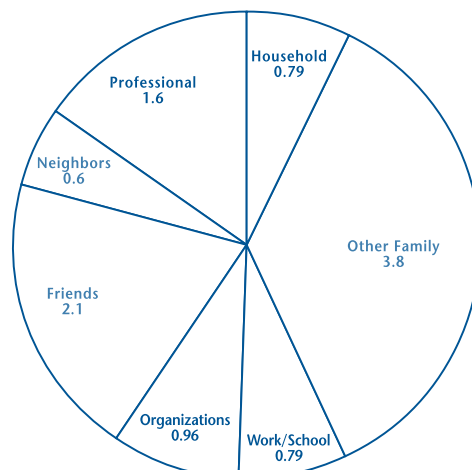
Women in recovery need people who support sobriety. However, women often return to environments with few abstinent role models and many people who continue to use. Non-supportive networks make the work of recovery that much harder. Frequently women have experienced trauma prior to treatment and may continue to be re-traumatized within their social networks. This study examined social support and social networks of 136 women; 59 with substance use disorders and 77 with dual disorders (co-occurring substance use and mental disorders).

Selected Findings

- On average, networks contained about 11 people, primarily people in the household, other family members and a few friends.
- Sobriety support was problematic, especially from people with whom the women lived.
- On average 48% of network members either used alcohol/drugs or did not fully support sobriety.
- Substance using network members were primarily family and friends.
- About 1/3 of network members were viewed as sometimes or almost always critical of the client.
- Family members provided support, but included a number of members who used alcohol/drugs and were seen as negative in their interactions with the client.
- Having more household members was associated with higher levels of concrete support, but not associated with higher levels of emotional or informational support.
- Women in the dual disorder group reported less support and less reciprocity from their household as compared to women with a substance use disorder alone.
- Social networks can be sources of trauma as well as support; women reported traumatic events happening within their network as well as to network members.
- Almost half (48%) the women with dual disorders had not used or sought mental health services.
- Fear of losing children was the most frequently reported barrier for both mental health and alcohol/drug treatment.

Practice Implications

- In practice, it is important to systematically assess all network relationships as perceived by women.
- Be prepared for the fact that some social network members do not support recovery and that women may return to a network that enables use.
- Network interventions might include: building a new network, enlarging an existing network, and/or changing existing relationships.
- Practitioners need to address both the positive and negative supports offered by family members.
- Recovery issues for women include dealing with support they perceive as lost from reducing contact with substance users.
- Given that different people in the network offer varying types of support, treatment programs might consider how best to match the format and content of education services to the most appropriate network member(s).



Network Composition (N=136)
Mean Number of Adult Network Members by Domain

Average Network Size = 10.7

“Treatment Barriers Among a Sample of Women in Jail”

Kathleen J. Farkas, Ph.D., LISW, Principal Investigator

Purpose of Study

Over the past decade, the number of women detained in local jails has been increasing. This study examined barriers to treatment among a sample of 198 women held in an urban, full service jail. Over three fourths of the women were classified with a dual disorder; one third had substance dependence without a co-occurring mental health disorder. Seven women had a mental health disorder and no substance dependence. Only 5 women had neither. Sixty percent (118) were classified with Post Traumatic Stress Disorder and of those, 95 women also had a diagnosis of cocaine dependence.

Selected Findings

Involvement with the Criminal Justice System:

- In general, women reported they had been in jail 5 times (with a range from 1-100+ times).
- Forty-three percent were pre-trial and 57% were post trial, including 11% who were sentenced to treatment and waiting for a bed.
- At the time of the interview, women reported, on average, they had been in jail for 7 weeks.

Child Custody

- Seventy-eight percent reported they were mothers and over half (56%) said they did not have custody of their minor children – 35% of the mothers said they had at least one minor child in foster care and 71% said they had at least one minor child cared for by a relative.

Trauma and Victimization

- Every woman reported an occurrence of some type of traumatic event during her lifetime.
- Women reported high levels of victimization. 85 (74%) reported a rape in their lifetime; 42 (44%) reported they were forced to engage in a sexual act (including rape) during the past year.

Service Utilization

- Eighty four percent reported they had received substance abuse services; 53% said they had received mental health services and 12% said they had received services for both substance abuse and mental health problems.
- Sixty-five percent indicated they recognized they had a drug problem. Thirty percent indicated they were already “taking steps” to change their substance use. Only 5% were ambivalent about changing their behaviors related to alcohol/drugs.

Practice Implications

- In-jail services could engage those women who are ready to begin treatment while still incarcerated. For many, jail stays are long enough to facilitate initial treatment programming in a corrections setting.
- Women with a criminal justice history may need extra advocacy to gain access to social welfare programs as well as treatment programs. This may be especially true for women who do not have custody of minor children while they are in jail and when they are released.
- The psychological and social impact of the loss of child custody should be included in assessment and treatment planning.
- Social workers in practice with formerly incarcerated women should routinely assess trauma and victimization. Assessment efforts need to be especially sensitive to sexual trauma.
- Grief and loss issues associated with trauma and loss of children should be incorporated into assessment and treatment initiatives with women in jail and women released from jail.
- Since the majority of women reported they had received some substance abuse and mental health treatment yet continued to experience problems, service providers should examine the intensity of treatment needed in accordance with the severity of problems.

“Our society has turned to the justice system to deal with problems of mental illness and addiction.”

– Corrections Officer

“If the court-ordered me to go to treatment, it was free. If I went to treatment on my own, it wasn’t.”

“There was a long waiting list for substance abuse treatment because I didn’t have insurance. I had to call every day because if I didn’t call, I was off the list.”

– Research Participants

Highest Treatment Barriers*

For AODA Treatment	For MH Treatment
Not having health insurance	Unable to pay for treatment
Unable to pay for treatment	Not having health insurance
Have to wait for treatment	No transportation
Fear of losing children	Have to wait for treatment
Unable to stay clean	Fear of losing children
Need AOD for stress	Not knowing location
No transportation	Feel help not available
No help after treatment	

* in rank order

“Families of Women with Co-Occurring Substance Use and Mental Disorders”

David E. Biegel, Ph.D., Principal Investigator

Purpose of Study

Families are a primary source of social support to women with co-occurring substance use and mental disorders, providing direct care as well as financial support. Although families report that providing such care can be rewarding and gratifying, caregiving can also be a source of stress to families. This study examined the impact upon family caregivers of having a family member with co-occurring substance use and mental disorders. The study interviewed 82 women who were in substance abuse treatment programs and 82 family members (one family member who provided each woman in treatment with the most social support).

Selected Findings

- 56% of the women had a current mental disorder in addition to a current substance use disorder.
- 40% of the women experienced major depression, while 28% experienced post-traumatic stress disorder.
- One half of family caregivers perceived that their family members' mental disorders were moderate or severe.
- Over half (56%) of family caregivers perceived that their family members' drug problems were moderate or severe.
- Over half (56%) of family caregivers were unlikely to ask others for help in providing support for their relative in treatment.
- 48% of family caregivers had no contact with their relatives' treatment providers in the last six months.
- 39% of family caregivers were at clinical risk for depression.
- Family caregivers reported different types of distress: worry, stigma, displeasure with their family member, and interference with activities such as social and leisure pursuits, household routines, and care of other family members.
- Family caregivers reported higher levels of worry about, and displeasure with their family member as compared with levels of stigma and interference with caregiving activities.
- Family members' behavioral problems, such as poor money management, idleness and dependency, caused the most distress for family caregivers.
- Less support from the caregivers' personal social networks was associated with greater caregiver distress.

Practice Implications

- Substance abuse treatment programs can aid women's recovery by actively involving family caregivers in women's treatment.
- Treatment professionals need to be aware that many family members may be unwilling to ask for help; outreach to these families is necessary.
- Family education programs for caregivers are needed to help family members build a support network for themselves.
- Programs are needed to help caregivers better understand and address behavioral problems of women in recovery.
- Programs for family caregivers will be more likely to be effective if they are tailored to address the causes of different types of family caregiver distress.
- Mental health treatment services or referrals for treatment are needed for family caregivers who are depressed.

“Families don't think about mental health problems when they think about substance abuse”

– Treatment Provider

“It gets to a point where you know it's a disease, but there is a lot of anger”

– Family Caregiver

Family Reports of Women's Substance Use and Emotional Problems

Extent of Problem	% Substance Use	% Emotional Problem
Not at All	29.3	31.7
Mild	14.6	18.3
Moderate	14.6	25.6
Severe	41.5	24.4

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A copy is also available at the Center Web Site: <http://msass.case.edu/centeronsami/ddrp.html>

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