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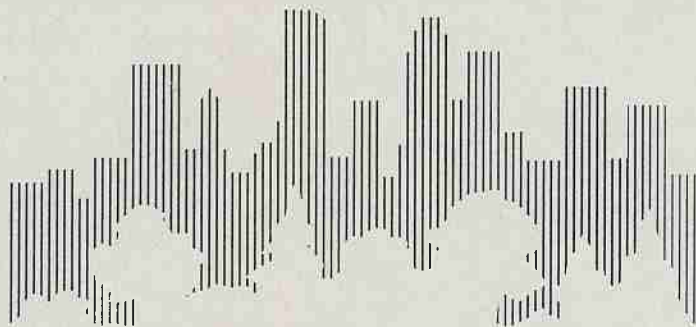
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## MASTERS IN SOCIAL WORK THESIS

Mari M. Daugherty

A Descriptive Study:

Identifying the Number of Youth and Parents  
Served by the North Dakota PATH Program  
That Have Substance Abuse Issues

**MSW  
Thesis**

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Daughe

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that have Substance Abuse Issues

Mari M. Daugherty  
Augsburg College

MASTER OF SOCIAL WORK  
AUGSBURG COLLEGE  
MINNEAPOLIS, MINNESOTA

CERTIFICATE OF APPROVAL

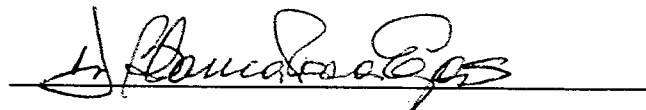
This is to certify that the Master's thesis of:

MARI MARIE DAUGHERTY

has been approved by the Examining Committee for the  
thesis requirements for the Master of Social Work Degree.

Date of Oral Presentation: April 15, 1996

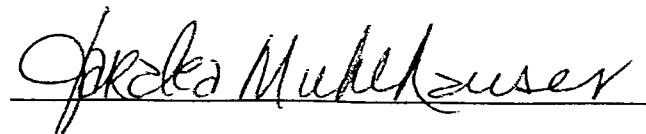
Thesis Committee:



Thesis Advisor: Blanca-Rosa Egas



Thesis Reader: Sheila Schmaltz



Thesis Reader: Tara Muhlhauser

## Acknowledgments

Special Thanks to:

The God of my understanding who got me into, and supported me throughout this process.

To my mother and grandmother who taught me, through example, that anything can be accomplished if you put your mind, and efforts toward it.

To my brother Erik whose support and love have held me steady though out the school process.

Sheila for her emotional cheer leading techniques.

All who suffered through reading the rough drafts, over and over, due to my inability to proofread.

Dr. Blanca Rosa Egas whose support and assistance guided me through this process.

## ABSTRACT OF THESIS

Identifying the number of youth and parents served by the North Dakota PATH program that have substance abuse issues.

Focus of Study: Research

Mari M. Daugherty

April 10, 1996

This is a descriptive study that identifies the number of youth and parents served by the North Dakota PATH program that have substance abuse issues. An analysis of existing files regarding youth placed with PATH and their parents was completed by social workers. A total of 79 cases were reviewed. Thirty point four percent of the youth served by PATH were found to have substance abuse issues. Their Parents also had high percentages of substance abuse issues, mothers 30.4%, and fathers 60.8%. The Researcher discusses the importance of educating social workers, families, foster parents, and youth in care on substance abuse issues. This is presented from a team perspective, and emphasizes the importance of reunification of youth in care with their families.

## TABLE OF CONTENTS

Acknowledgments.....	i
Abstract.....	ii
Table of Contents.....	iii
I. INTRODUCTION. ....	1
A. Statement of the Problem.....	1
B. Purpose of the Study.....	2
II. LITERATURE REVIEW.....	4
A. Supporting Research.....	4
1. Impact of Substance Abuse.....	4
2. Social Workers' Awareness.....	6
3. Treatment for Clients.....	8
B. Therapeutic Foster Care.....	9
1. Historical Perspective.....	9
2. Therapeutic Foster Care Approach.....	11
3. PATH.....	13
III. METHODOLOGY.....	15
A. Research Question.....	15
B. Definition of Terms.....	15
C. Sample Characteristics.....	17
D. Data Collection.....	17
IV. FINDINGS.....	20
V. DISCUSSION.....	31
A. Implications.....	31
1. Youth in Care.....	31



2. Placements & Treatment.....	32
3. Social Work Practice.....	33
B. Limitations.....	34
1. Data Collection.....	34
2. Dependence on Staff.....	35
C. Recommendations for Research.....	36
VI. CONCLUSIONS.....	37
References.....	39
Appendices.....	44
Appendix A - IRB approval.....	44
Appendix B - PATH Research Committee Approval.....	45
Appendix C - Letter of Explanation.....	46
Appendix D - Tally Sheet.....	48

**Section I**

## INTRODUCTION

### Statement of the Problem

It is of great importance to look at the issue of substance abuse when addressing child welfare issues, therapeutic foster care, and family preservation services. The Child Welfare League of America recognizes this fact and has begun to collect data on substance abuse. In a survey done of its members, authors Curtis and McCullough (1993) found that the issue of substance abuse among parents has a profound impact that adversely affects the child welfare system. These authors report it is the general belief of the agencies surveyed that substance abuse problems are increasing, 47 percent citing an increase in the last year, and 88 percent reporting an increase in the last five years (Curtis & McCullough, 1993).

Child welfare and substance abuse are two areas of practice that have a tendency to overlap, however, traditionally this has not been addressed. Substance abuse treatment programs and child welfare services tend to remain separate, not acknowledging that they may share clients. Social workers generally have a limited knowledge base of substance abuse, they may tend to ignore the problem and instead focus on what they know best (Thomas, 1990).

The impact that substance abuse has on the family is far-reaching in America. The National Committee for the Prevention of Child Abuse (1989) estimates that upwards of ten million children are living in households with a substance abusing parent(s), of this number there was an estimated 675,000 children per year suspected of being abused.

In 1987, the U. S. Department of Health and Human Services designated unsuccessful family reunification as a child welfare system outcome failure, citing national figures regarding the high proportion (29% to 33%) of children reentering placement (US GAO, 1994).

### **Purpose of the Study**

In working with families that have substance abuse issues, education of youth in care, parents, foster parents, and social workers would be a key component in developing and maintaining family contacts. Previous research efforts have demonstrated a positive correlation between continued contact with the primary family during placement, and both the adjustment of the child to the foster home, and the probability of returning home (Weinstien, 1960; Sherman, Neuman, and Shyne, 1973; Thorp, 1974; Holman, 1973; Fanshel and Shinn, 1978; Fanshel, 1982; Milner, 1987).

As an agency, Professional Association of Treatment Homes (PATH) did not have a clear idea of the number of

children and families impacted by substance abuse. This study identifies the number of youth and their parents served by the private, non-profit foster care agency that have substance abuse issues. The findings will be used by the agency to develop education and treatment with social workers, foster parents, parents, and youth in care to assist all team members in communicating, and participating effectively with each other. This effort is supported by past research that shows when parents are not effectively involved in the therapeutic process, the gains that children make in foster care are often negated or reversed if they return to an unchanged home environment (Malluccio, Fein and Olmstead, 1986).

**Section II**

## LITERATURE REVIEW

### Supporting Research

#### Impact of Substance Abuse on the Child Welfare System

Several authors have noted the increase in the emergence of substance abuse in the child welfare system during the past ten years, Thomas (1990) Kumpfer (1991), and Curtis & McCullough (1993). From increased mention of substance abuse in the literature, and the problems associated with it that impact families and agencies, there comes a new awareness within the social service areas of the difficulties that the child welfare system is having surrounding this issue.

In light of this, the Child Welfare League of America (CWLA) convened a commission, consisting of member agencies representatives, to look at the issues surrounding the supposed increase in substance abuse. The North American Commission on Chemical Dependency and Child Welfare (NACCD & CW) began in October, 1990. This was one of the first times that experts from the fields of child welfare and substance abuse and prevention have been brought together. There were not only practitioners from the fields of child welfare and substance abuse represented, child advocates,

administrators, attorneys, and physicians were also present. The multidisciplinary commission recommended that a study be completed of CWLA members to define areas of concern, identify overlapping services, and develop a clear picture of the increasing number of youth and families being impacted by substance abuse.

The survey found that substance abuse problems were impacting the delivery of child welfare services. The first area that had significant findings was child protection. Ninety-three out of the 100 respondents reported that they were seeing more cases where problems related to substance abuse were a factor in the initial investigation (NACCD & CW, 1992). Within the area of family preservation, 109 respondents out of 120 reported an increase in the number of families with substance abuse problems (NACCD & CW, 1992). In the foster care delivery system, results indicated a heavy strain from the impact of substance abuse problems. Eighty-eight point two percent of respondents reported an increase in children entering care due to problems of substance abuse within the natural family (NACCD & CW, 1992).

Other reports have established similar links between substance abuse and the victimization of children. For example, in one review of the literature, five studies identified parental alcohol abuse as a significant factor in child victimization incidents. Depending upon the study,



between 25 percent and 84 percent of the abusing parents misused substances (Leonard & Jacob, 1988).

### Social Workers' Awareness of Substance Abuse Problems

The child welfare system was not originally designed, or primarily intended, to address parental substance abuse problems. The fact is that child welfare workers must continue to provide mandated services to families in which there is substance abuse problems. It has become important that social workers begin to develop specialized skills in working with families that have substance abuse issues (Kumpfer, 1991; Curtis & McCullough, 1993).

This is not an easy task to complete. According to Hawkins (1990), child welfare work may hold difficult challenges for the workers as they try to deliver effective services to clients. The impact of learning new skills is often stunted by uncompromising caseloads, poor physical working conditions, excessive paper work, and ineffectual bureaucratic structures (Hawkins, 1990).

The article, "Child Protection Service Training: The Practice Action Plan Approach", states that educating social workers within a task-centered practice does impact the way that they deal with substance abusing clients (Delewski et. al., 1986). Training that was considered to be a part of the job performance review positively influenced the child protection worker's outcome performance. The authors

suggest that one must determine whether gains that are mastered within training are also practice applicable (Delewski et. al., 1986).

In his article, Gregoire (1994) reported, "That training appeared to foster important changes among the participants" (p 77). The author goes on to say that there was significant impact in the area of attitudes in regards to both their employment, and the clients that the social workers were dealing with. Practice confidence increased as the social worker felt that they had mastered the skill.

In the child welfare field, the child's well being is considered to be related to several things; such as, child, parent, family, environment, maltreatment, and intervention factors (Holder & Cory, 1986). Virginia Murphy-Berman (1994) offers a risk assessment that is designed to help a social worker consider these interacting factors when case planning and decision making. For example, the child may have withdrawal symptoms. This may greatly impact the level of care required to maintain them in a home. Family factors; such as, the availability of extended family and their willingness to help, can have an impact. The community may be either a hindrance or support, based on what is available.

Workers also need training regarding the social and cultural contexts in which substance abuse problems develop and in culturally sensitive treatment approaches with minority clients (Brisbane & Womble, 1987).

## Treatment for Substance Abusing Clients

The typical substance abuse treatment does not address the issue of the family. Even though there has been an understanding that substance abuse problems affect the family, there are not a large number of treatment programs that include the family as a whole. Even fewer treatment programs address patients as parents, deal with child rearing, or consider the well-being of children (Kumpfer, 1991).

According to a recent study (US GAO 1994) alcohol and drug abuse is a factor in the placement of more than three-quarters of the children who are currently entering into foster care. If removal is based on substance abuse issues, it must be addressed with the child and their family before reunification can happen.

In the article, "The Prevention and Treatment of Child Abuse in Households of Substance Abusers" (Blau et. al., 1994), a demonstration progress report is discussed. The program that is utilized is called Emergency Services Child Abuse Prevention Program (ESCAPP). It was designed to address multiple needs of families, it allows for substance users to be involved with treatment when motivated, it creates rapid barrier free access to services, it reaches children prenatal to eighteen, and it promotes collaborative relationships at all locations. Each case was assessed on

the strengths and limitations of the individual, the nature of the social supports, stresses, resources, and pressures present within the client's environment (Blau et. al. 1991).

Social workers, human services systems, and child welfare systems need to become more responsive to individuals and their environment. Most communities need increases in the availability of respite child care, physical health care, substance abuse treatment, and job training. These services must become main priorities in this arena (Blau et. al., 1991).

### **Therapeutic Foster Care**

#### Historical Perspective

Robert P. Hawkins (1989), traces the development of treatment foster care to the almshouses of the 1800's, which were gradually replaced by orphan asylums and state institutions that served only children. By the turn of the century, special institutions were being established for certain groups of children. These groups included those children labeled as mentally retarded, physically handicapped, and delinquent. These institutions were the precursors of residential treatment centers. The residential treatment centers in turn contributed to the development of the treatment foster care programs (Hawkins, 1989).

The residential treatment centers of the 1940's were more homelike and therapeutically oriented than earlier institutions. Children resided in cottages or similar living units. These smaller homes were staffed by child care workers. The child care workers would participate with the professional staff in the treatment process. The professional staff would then provide direct, office-based weekly counseling sessions, group therapy, or family therapy (Hawkins, 1989).

Child guidance clinics were established as treatment services for delinquent youth. The services provided there were professionalized. They had staff psychiatrists, psychologists and social workers involved with each case. It was at these clinics that the practice of individualized assessment and treatment plans was first developed. By the 1960's, there was increasing awareness that the treatment focus should be moved from the child to the other contributing factors in the child's environment. From this, the emphasis on maintaining the family environment with regular weekend visits became a priority. The notion that therapeutic interventions could occur in a variety of settings was becoming widespread (Hawkins, 1989).

The deinstitutionalization movement of the 1970's and 1980's emphasized minimizing the destructiveness of treatment programming, especially for people with mental health issues. Client advocacy groups added pressure for community-based services. The elements of the high cost of

residential care and the effectiveness of community based services has influenced the development of treatment foster care (Hawkins, 1989).

### Therapeutic Foster Care Approach

Meadowcroft, Thomlinson & Chamberlain (1994) describe treatment foster care as an expanding alternative child welfare and child mental health service for meeting the needs of children with serious emotional and behavioral disturbances and their families.

Treatment foster care programs provide intensive, foster family-based, individualized services as an alternative to more restrictive residential placement options. Children and their families receive coordinated, multisystem services while the child lives in the normalizing environment of a protective family, school, and community. Treatment foster care programs were developed in response to the limitations of the current child welfare system, the crisis in traditional foster care services, and the lack of family-based mental health interventions for children who are not able to live with their own families (Meadowcroft, Thomlinson & Chamberlain, 1994).

The Foster Family-based Treatment Association (FFTA) is an agency-led organization of treatment foster care providers established in 1988 with the initial purpose of defining and refining treatment foster care practices. FFTA

identifies certain core values and principals which lie at the heart of treatment foster care. These include a strong belief in normalization as a treatment principle and in the power of family living as a normalizing influence. Kinship plays an important role in the formation of identity and self worth (FFTA, 1991).

All relationships which give a sense of family and belonging to youth are supported. Every child has the right to a permanent family. Family reunification, adoption, kinship care, and a long-term stable family arrangement are all important factors to consider when trying to achieve permanency for children. Values that are more specific to treatment foster care include a strong commitment to do whatever it takes to maximize the child's chances to live successfully in a family and community. Treatment foster care providers serve children who typically would otherwise receive services in a more restrictive institutional setting. The treatment foster care families provide these services within the community environment. Because providers must deal with aspects of the child's world that are not usually addressed in traditional residential treatment, they must have a high degree of flexibility, innovation, and responsiveness to individual needs and circumstances. There is a strong commitment to individualized care. Services are designed to fit the particular needs of a child, rather than what is convenient for the institution (FFTA, 1991).

## PATH

Professional Association of Treatment Homes (PATH) is a private, non-profit, treatment foster care agency that was founded in 1972 by a group of foster parents in the Minneapolis-Saint Paul area. The main goal of the founding foster parents was to have a more personalized approach to specialized family-based foster care for children and youth. Since its beginning, the organization has focused on providing quality foster care services to youth and families (PATH, 1994).

Over the past years, PATH has been instrumental in introducing many innovations which are now accepted practice in foster care. These include mandatory training, share and support groups, foster parent respite, and service contracting. Foster parents are involved in agency planning and governance (Metcalfe, 1996). PATH also has a strong commitment to initiate foster care placements with families that are of the same race, and or culture, as the child (Metcalfe, 1996).

While PATH employees and foster families are proud of the agency's history, the organization has changed dramatically over the last decade to meet emerging needs in the child welfare system. An example of this is the needs of substance abusing families. PATH has a commitment to



permanency and soon will be expanding its services to include a mentoring program. This program will help youth to remain in their homes, by educating and assisting families. PATH has been developing a larger systematic view, expanding their assistance to families. PATH views parents as an integral part of the treatment team. Foster parents have received more training in working as mentors with parents and understanding their role within the family structure. Professional Association of Treatment Homes believes that in order to heal the child, services need to be more involved in healing the families (Metcalf, 1996).

**Section III**

## METHODOLOGY

This is a descriptive study to determine the occurrence of substance abuse in the lives of children who are receiving services from Professional Association of Treatment Homes (PATH). PATH is a private, non-profit foster care organization in the states of North Dakota, Wisconsin, and Minnesota. This study will be on the North Dakota population only.

### Research Question

The research question is: What percent of youth and parents served by the North Dakota PATH program have issues with substance abuse?

Results of this study were used by the PATH agency to determine the need for educating foster parents and professionals in the area of substance abuse, with an ultimate goal of the development of new programs for youth and their families that would address this issue.

### Definition of terms

The phrase **substance abuse** was used in this study so that subjects that were not diagnosed with chemical

dependence, yet still had issue with their usage, could be included in the data gathering.

The operational definition of the concept of **substance abuse**, and other key terms used in the completion of this study, are taken from The Social Work Dictionary (1995). Substance abuse is a disorder related to the unhealthy use of alcohol or other drugs. **Substance abuse issues:** For an individual to be considered a substance abuser, he or she must have used for over a month; had social, legal, or vocational problems as a result of using; and developed a pathological pattern of use (episodic binges) or psychological dependence (a desire for continued use and an inability to inhibit desire) (p160).

**Children** are youngsters who are under the legal age of responsibility or emancipation, in most states this age is eighteen (Baker, 1995, p 56). This term is used in conjunction with the term **youth** throughout the study.

**Child welfare** is defined as the part of human services and social welfare programs and ideologies oriented toward the protection of children. Child welfare measures are found in national, state, and local programs and are usually designed to prevent conditions that interfere with the healthy and positive development of children (Baker, 1995, p 57).

### **Sample Characteristics**

The population includes the total number of children served by Professional Association of Treatment Homes (PATH) of North Dakota on January 15, 1996. These children are birth to 22 years of age. Prior to placement with PATH, the child had to have a psychiatric diagnosis given by a physician. A court finding, termed in North Dakota as an adjudication, that was made by the juvenile court system must also be in place. There was not any random sampling of the population. This is congruent to the characteristics of a descriptive study, utilizing the largest scale possible. PATH of North Dakota averages between 90 and 100 open cases on a given day. The total population on January 15, 1996 was 94 open cases. Data was received on 79 out of the 94 cases, which is a 84 percent return rate.

### **Data Collection**

An analysis of existing files regarding children placed with PATH foster care was completed. In order to ensure confidentiality of the children and their families, this was done by using a survey method. Every social worker employed by PATH of North Dakota was asked to complete a tally sheet

(Appendix D) from information in the child's file for every case that was open as of January 15, 1996. PATH files are child-based, and the average number of open cases for a social worker is 7 to 14. The social worker received, in the mail, a cover letter (Appendix C), fifteen blank tally sheets (Appendix D), and a return envelope addressed to the Fargo office manager. The cover letter included the purpose of the study, instructions on completing the tally sheet, and information on how to return the tally sheets. The tally sheets were to be returned to the Fargo office manager and she removed them from the postmarked envelope. The researcher was not able to identify which area or file the tally sheets had originated from. The office manager then mailed all the tally sheets to the researcher.

The tally sheet included inquiries of demographic information: 1) age, 2) gender, 3) ethnicity, and 4) closed ended questions about documented substance abuse of the child, parents, and/or step parents. All case-identifying information was excluded. The researcher was not able to identify which area, or file, the information was taken from. This document was short, and to the point, since each worker completed between 7 to 14 of them depending on their case load on January 15, 1996.

A pretest was conducted after Augsburg College Institutional Review Board (IRB) approval had been received (Appendix A). Two social workers, out of the total of 18, were selected by a drawing. They were asked to complete the

tally sheets on their case load. The researcher tabulated the results, and reviewed the data gathering process with them to determine if changes needed to be made to the tally sheet or the mailing process.

Given the population size of this research project, the data received was analyzed with the LOTUS program developed for IBM compatibles. Spreadsheets were used to organize data and develop graphs for presentation. Data was coded and arranged accordingly for these programs. This was not a research project that identified causation or looked at intervention success. Central tendencies were utilized. Comparisons with North Dakota's state statistics about children in foster care were completed to analyze the findings of the study.

**Section IV**



## Findings

### Characteristics of the Sample

**Ethnicity of Youth:** Ethnicity of the youth served by PATH include 5.1% Hispanic American, 19% Native American, and 75.9% Caucasian, as shown in figure 1.

### Ethnicity of Youth Served

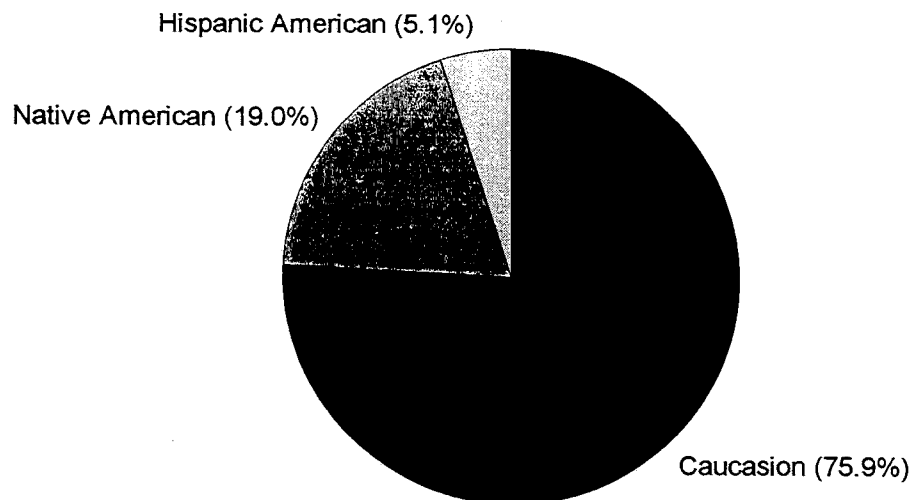


Figure 1 Ethnicity of Youth Served (n=79)

**Age of Youth Served:** The average age of youth served by PATH is 12 years of age. Figure 2 shows the percentage of children in each age group. The largest group is the 16 year olds who are 21.5% of the population served, followed by the 17 year olds at 17.7%.

### Age of Youth Served

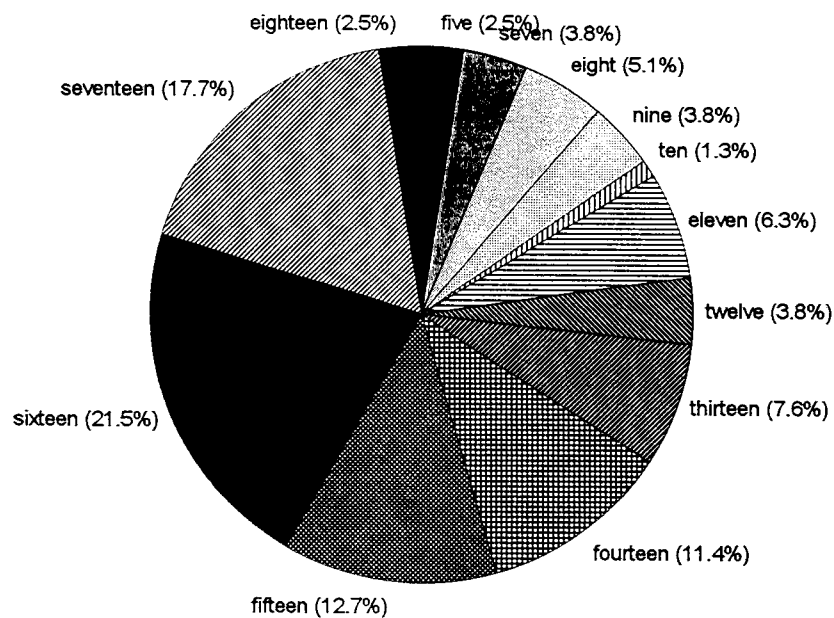


Figure 2 Age of Youth Served (n=79)

**Gender of Population:** Gender distributions were equitable. This is supported by the findings. The population consisted of 39 (49.4%) females, and 40 (50.6%) males.

### Gender Distribution

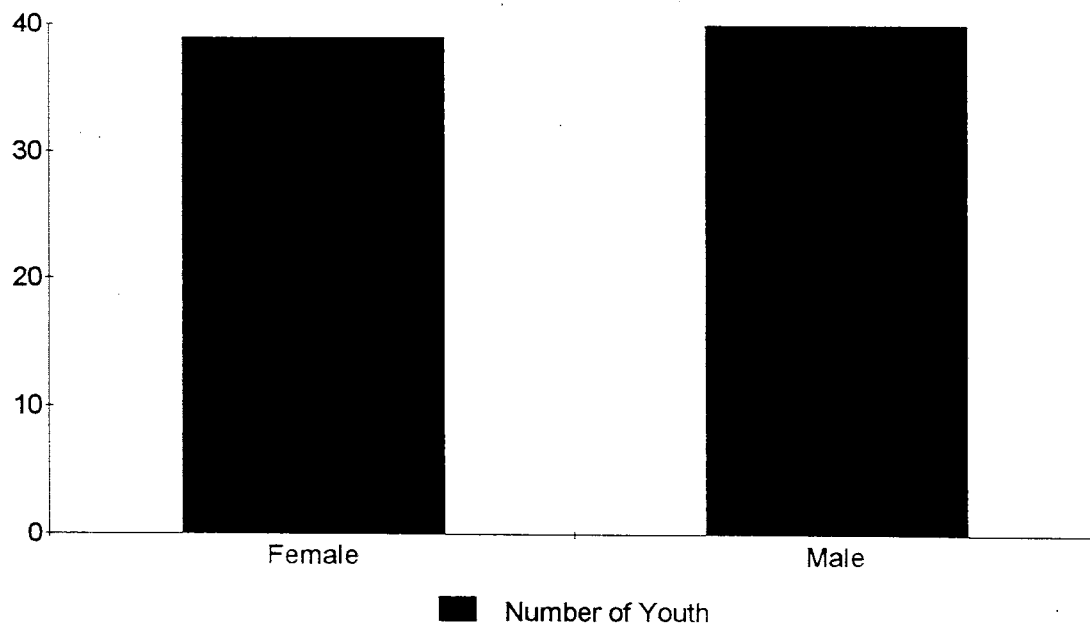


Figure 3 Gender Distribution (n=79)

**Primary Diagnosis:** There were a total of 16 different primary diagnoses listed. Diagnoses were made using The Diagnostic and Statistical Manual of Mental Disorders Fourth Edition, (DSM IV). The most prevalent diagnoses among youth were: Attention-Deficit Disorder, Oppositional Defiant Disorder, and Major Depressive Disorder. Figure 4 is a listing of all the DSM IV diagnoses and the number of youth served by PATH that are impacted by them.

### Primary Diagnosis

DSM IV Primary Diagnosis	Number of Youth
Attention-Deficit/Hyperactivity Disorder	19
Oppositional Defiant Disorder	12
Major Depressive Disorder	10
Conduct Disorder	9
Post Traumatic Stress Disorder	7
Adjustment Disorder	6
Alcohol Dependence	4
Cannabis Abuse	4
Mixed Receptive-Expressive Language Disord	1
Disruptive Behavior Disorder	1
Pervasive Developmental Disorder	1
Anxiety Disorder	1
Intermittent Explosive Disorder	1
Somatoform Disorder	1
Bipolar Disorder	1
Schizoaffective Disorder	1
Total	79

Figure 4 Primary Diagnosis (n=79)

**Youth served by PATH that have Substance Abuse Issues:**  
Based on the information gathered from this study 24 (30.4%) youth had issues with substance abuse. Figure 5 shows the proportion of children that had substance abuse issues to those that did not.

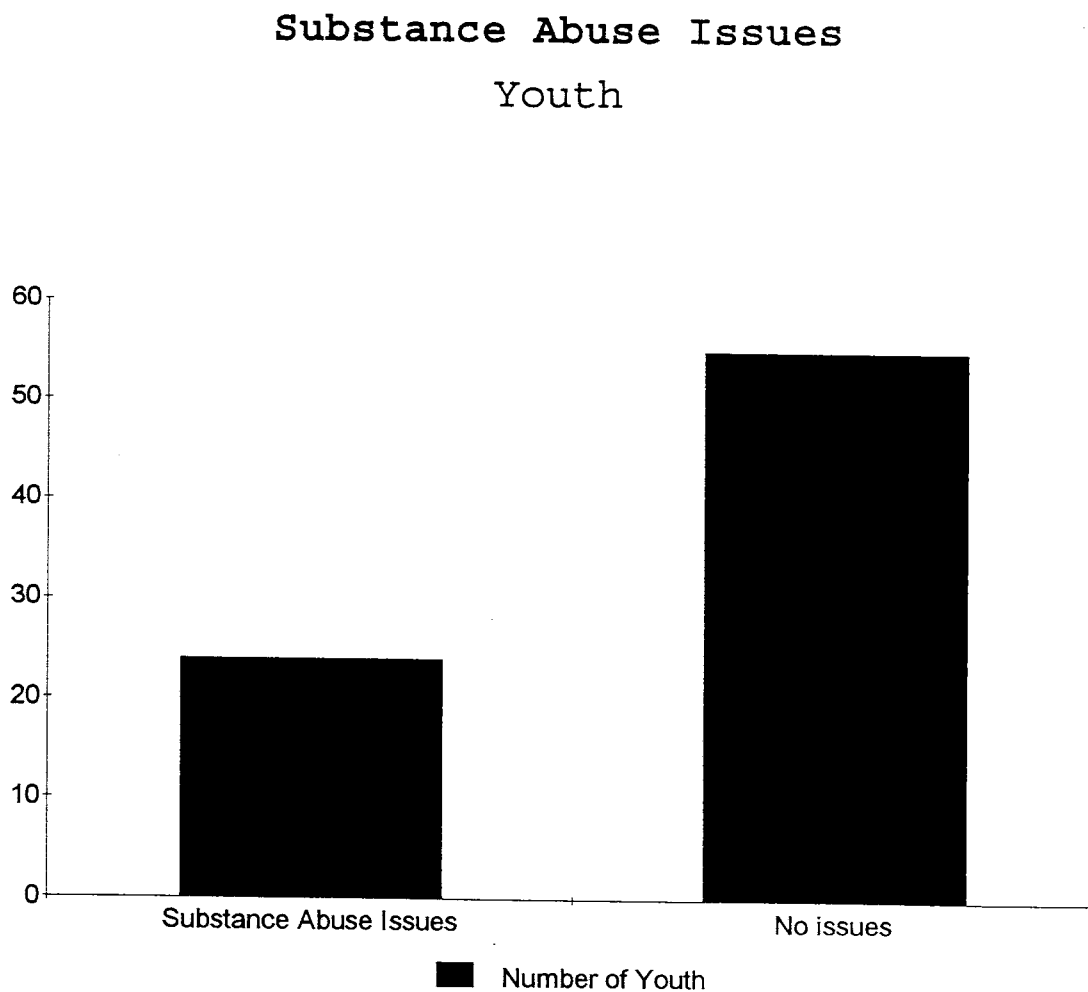


Figure 5 Substance Abuse Issues, Youth (n=79)

**Mothers of Youth Placed with PATH that have Substance Abuse Issues:** Of the 79 cases reviewed social workers reported there were 37 (30.4%) mothers that had substance abuse issues. There were 42 mothers that did not have substance abuse issues.

### Substance Abuse Issues Mothers

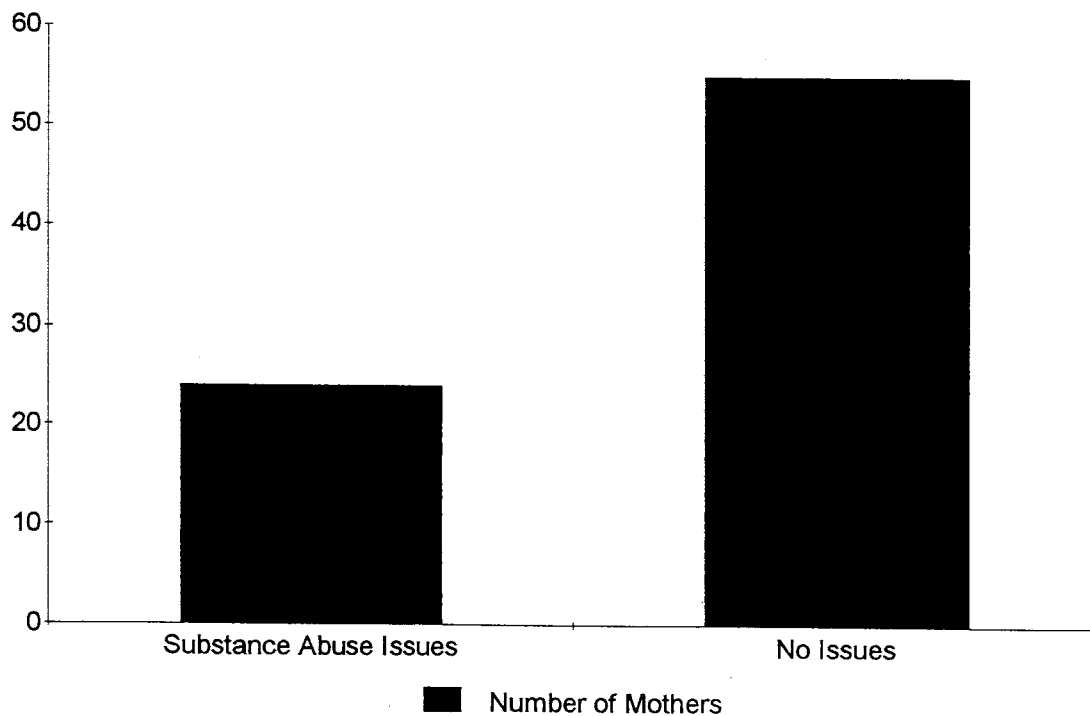


Figure 6 Substance Abuse Issues, Mothers (n=79)

**Fathers of Youth Placed with PATH that have Substance Abuse Issues:** Of the 79 cases reviewed social workers reported 48 (60.8%) fathers that had substance abuse issues. There were 31 cases of fathers that had no substance abuse issues. Figure 6 shows a comparison of these two groups.

### Substance Abuse Issues Fathers

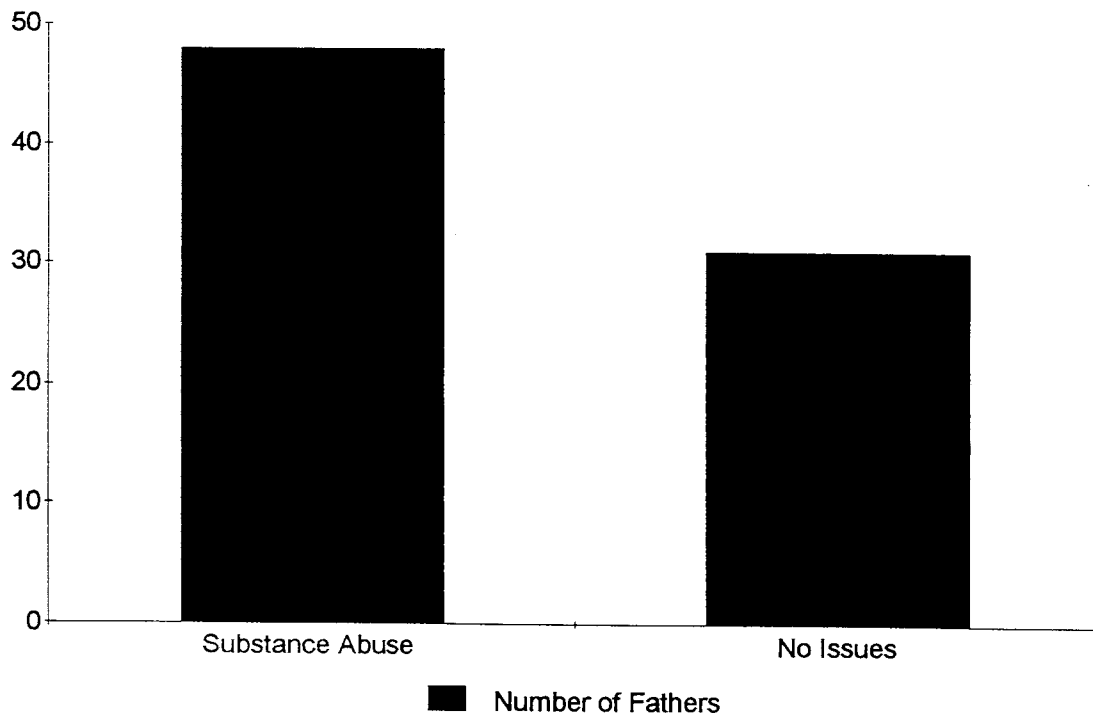


Figure 7 Substance Abuse Issues, Fathers (n=79)

**Stepmothers of Youth placed with PATH that have Substance Abuse Issues:** Of the 79 cases reviewed social workers reported a total of 7 stepmothers. There was substance abuse with 2 (28.6%) of the stepmothers. There were no substance abuse issues with five (71.4%) of the stepmothers.

### Substance Abuse Issues Stepmothers

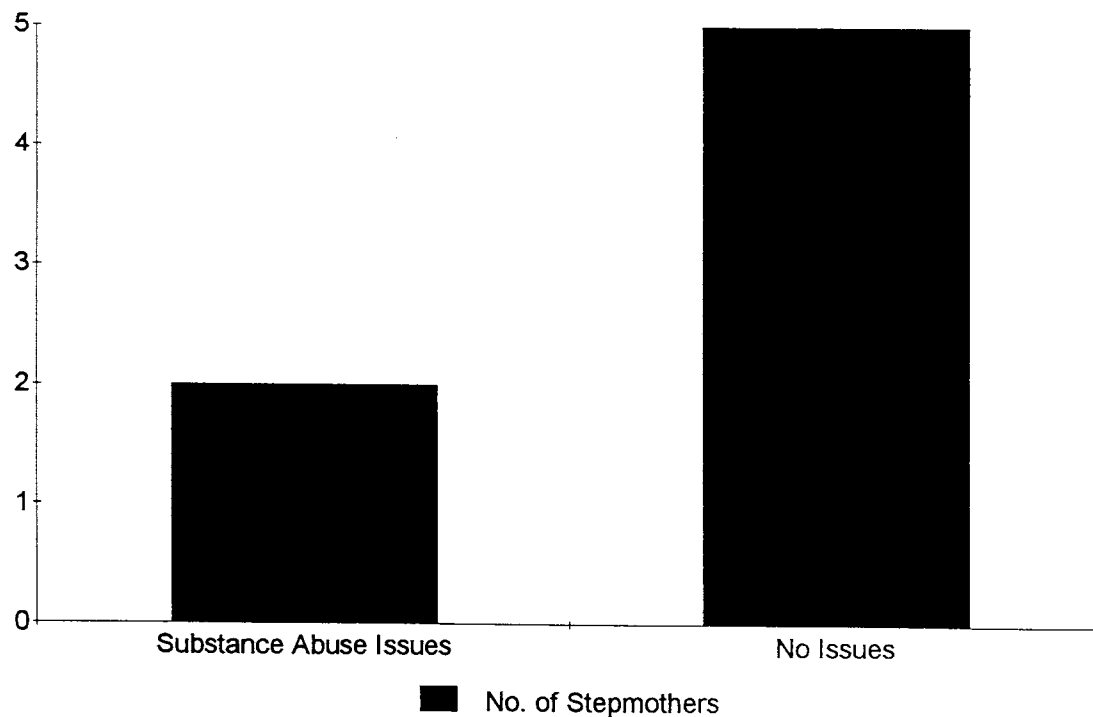


Figure 8 Substance Abuse Issues, Stepmothers (n=7)



Stepfathers of youth placed with PATH that have Substance Abuse Issues: Of the 79 cases reviewed by social workers there were a total of 15 stepfathers reported. There were 8 (53.3%) stepfathers that had substance abuse issues

### Substance Abuse Issues Stepfathers

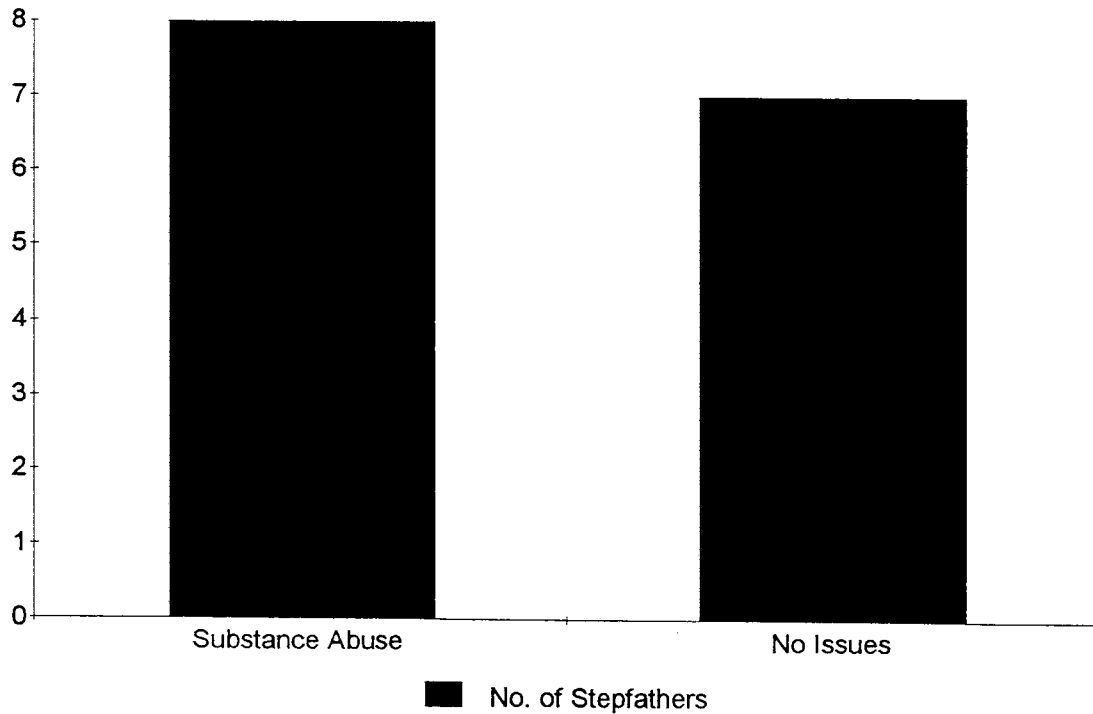


Figure 9 Substance Abuse Issues, Stepfathers (n=15)

**Adjudication of Youth Placed with PATH:** All children placed with PATH must have an adjudication from a North Dakota court. An adjudication of deprivation is the most common with the youth in PATH (41.8%). Youth may have a combination of adjudications, figure 7 shows the breakdown of youth adjudications.

### Adjudication

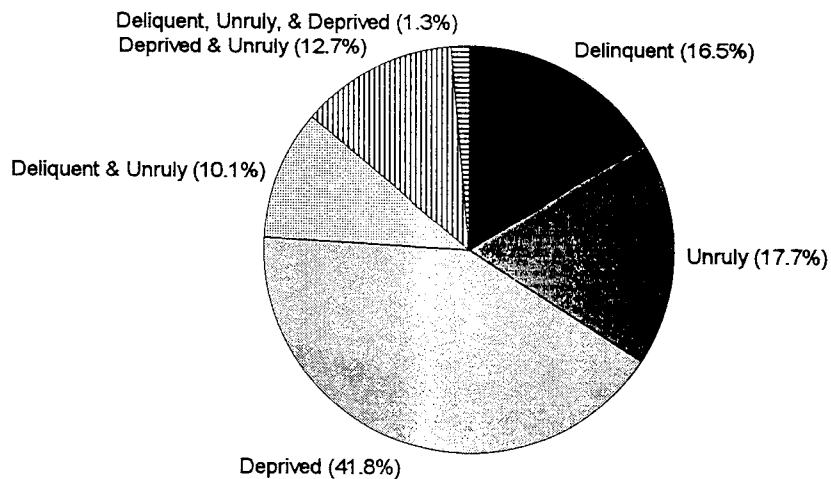


Figure 10 Adjudication (n=79)

**Impact on Families:** The number of families that had at least one member who had substance abuse issues is 66 (83.5%). With a total of 13 (16.4%) families that are not impacted by substance abuse issues.

### Substance Abuse Issues Families

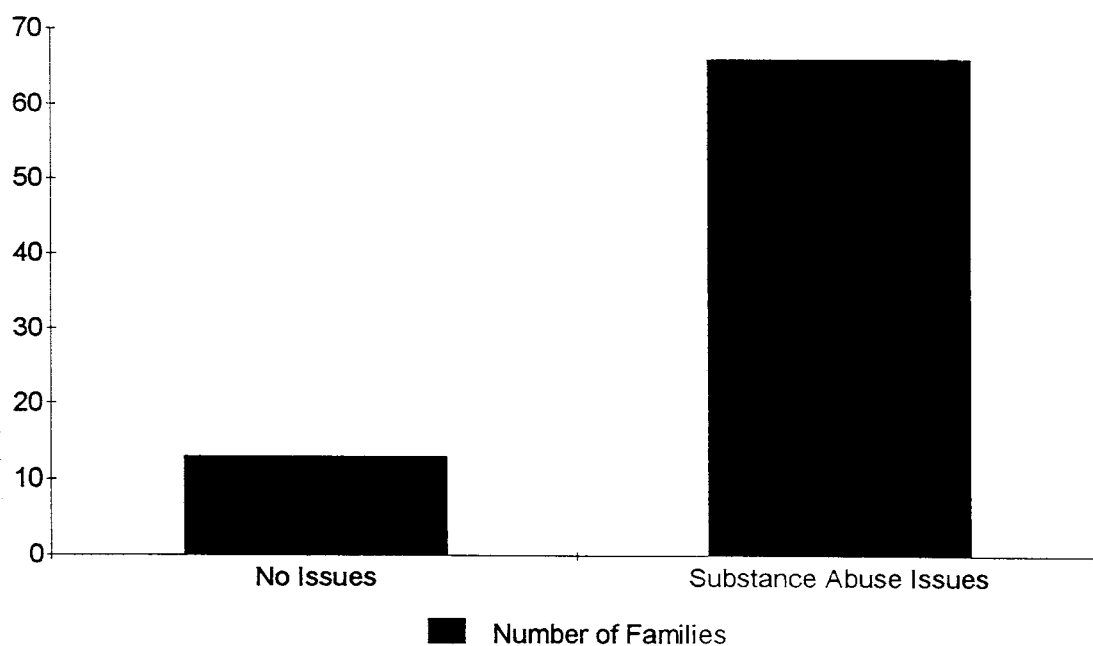


Figure 11 Substance Abuse issues, Families (n=79)

**Section V**

## Discussion

### Implications

#### Youth in Care

In a study of men diagnosed with alcohol dependence, Schuckit (1984) found that 32 percent of the sample of alcoholic men had fathers who were alcoholic, 6 percent had mothers who were alcoholic, and 6 percent had both fathers and mothers who were alcoholic. The highest level of earlier problems during adolescence with alcohol and anti-social behavior accounts for men who had parents that were alcoholic.

The findings of the high rates of substance abuse among the parents of youth in care with the PATH agency are important to note. Thirty point four percent of mothers were reported as having substance abuse issues along with 60.8 percent of fathers. Twenty eight point six percent of stepmothers were documented as having substance abuse issues, along with 53.3 percent of the stepfathers.

When children and adolescents of substance abusing fathers are compared with children of nonclinical fathers, parental substance abuse is found to be associated with a variety of problems, including: depression, anxiety, self-

deprecation (Berkowitz & Perkins, 1988); hyperactivity, impulsivity, and conduct disorder (Beson & Heller, 1987); alcohol/substance abuse (Chassin, Rogosch, & Barrera, 1991); delinquency (Rimmer, 1982); and greater biological vulnerability (Polich, Pollock, & Bloom, 1994). Thirty point four percent of youth served by PATH were documented as having substance abuse issues. All of them displayed difficulties that were mentioned by the various authors.

#### Placements & Treatment

According to a recent study (US GAO, 1994), alcohol and drug abuse is a factor in the placement of more than three quarters of the children who are currently entering foster care. Alcohol and drug abuse was sighted as a significant stress factor involved in the placement of children within the state of North Dakota as well (Chapman, Johnson, & Ahmed, 1995).

PATH is an agency that is committed to returning children to their parental homes as soon as possible. Given this study's findings of high substance abuse issues among parents, and the above information, this issue must be addressed. The findings should be used to develop substance abuse programming with social workers, foster parents, parents, and youth in care.

Treatment and education for both youth in care and their parents, in regards to substance abuse issues, should

be expanded. A total number of 66 families out of the 79 have at least one member that is impacted by substance abuse.

Even though 30.4 percent of youth were reported to have substance abuse issues, only 8 youth out of 79 had the primary diagnosis of substance abuse. Treatment team members should be aware of the issues surrounding substance abuse, and consistently address them in treatment plans whether or not it is listed as the primary diagnosis.

Families of ethnic backgrounds did not have a higher rate of substance abuse issues, contrary to the stereotypes that exist within this area.

#### Social Work Practice

Substance abuse treatment and child welfare are overlapping areas of practice, but have not been viewed as such traditionally by either system. Since social workers have generally had limited knowledge and training in the areas of substance abuse, they are often ill-equipped to assess the level of risk and to develop appropriate case plans for substance involved families (Thompson, 1990).

Within the PATH agency social workers would benefit from initial and ongoing training that addresses dealing with substance abusing youth and their families. The families could also benefit from having an agency that

responds to their issues instead of excluding them because of their substance abuse.

Previous research efforts have demonstrated a positive correlation between continued contact with the primary family during placement and both the adjustment of the child to the foster home and the probability of returning home (Weinstien, 1960; Sherman, Neuman, and Shyne, 1973; Thorp, 1974; Holman, 1973; Fanshel & Shinn, 1978, Milner, 1987).

In 1987, the U. S. Department of Health and Human Services designated unsuccessful family reunification as a child welfare system outcome failure, citing national figures regarding the high proportion (29% to 33%) of children reentering placement (US GAO, 1990). Social workers, foster parents, youth in care, and their families need to recognize that reunification is a main goal. They must learn how to work as a team to provide the best possible programming for the youth.

### **Limitations**

#### Data Collection

The use of the tally sheet to collect the data is a limitation in itself. The standardization of the tally sheet may have missed responses that the key informant might have wanted to use. This standardization of the tally



sheet also impacts the flexibility of responses, and of interpretation of the data.

This survey was mailed to key informants. There was no direct control of the survey being delivered, who actually completed the tally sheet, or the circumstances under which it was completed.

The single stage sample design of the study may have resulted in the sample subjects not being representative of all youth in care, due to high case turnovers.

The use of key informants to complete the tally sheets is also a limitation. They may have missed the total life experiences of the youth in care. This affects the external validity of the research study.

#### Dependence on Staff

The accuracy of the findings for this study are, of course, contingent on the accuracy of the social workers', and foster parents' observations. Social workers are responsible for the development and maintenance of files. Foster parents must complete progress notes for the files. The accuracy of the family history information regarding parents' substance abuse is relative to the trust that the youth in care have with their foster parents and social workers.

Tally sheets were completed based on documentation in the youths' files. The accuracy of the files was enhanced

by regular and extensive file reviews, the use of standardized foster parent notes, and standardized treatment plans.

The final limitation is that this researcher is employed by PATH as a social worker. The PATH agency was the stakeholder of this research study. PATH provided funding and data for the completion of the study.

### **Recommendations for Future Research**

Possible consideration should be given to a longitudinal evaluation of youth in care and the contribution of substance abuse on negative behaviors. Included would be the perception of social workers and foster parents, of the negative behaviors that result from substance abuse.

Even though there was a high amount of youth displaying substance abusing behaviors, only 8 of 79 youth had a primary diagnosis of substance abuse issues. Taking this into consideration one may want to conduct a study that identifies if these youth are misdiagnosed. Also whether or not treatment teams are programming for these issues, or just addressing the primary diagnosis.

Access to services for substance abuse should be reviewed. As managed care becomes a reality, there has been a reduction in residential substance abuse treatment programs (Gregoire, 1994).

**Section VI**

## Conclusion

In completing this study the researcher has observed that there is no magic formula to improve the lives of youth living in substance abusing homes. Rather, improvements take place gradually when motivation is coupled with professional cooperation, and/or self-help interventions. This study shows the necessity for these improvements to begin. We must develop a program that motivates and encourages the parents and children we serve.

This descriptive study has provided Professional Association of Treatment Homes with a clear picture of the impact of substance abuse on the youth in care. The need to address this as a family issue has been demonstrated. By doing so, we may limit a youth's time in care and restore families.

The most important findings reported are that the parents of the youth served by PATH do have high rates of substance abuse (fathers 60.8%, mothers 30.4%, stepfathers 60.8%, and stepmothers 28.6%). Thirty point four percent of youth in care have substance abuse issues.

These findings support the need for education, and for programming surrounding substance abuse issues for social workers, foster parents, youth in care, and their parents. The need for programming is not exclusive to the PATH

agency. In the literature reviewed for this study there were several calls for education and programming of social workers in the area of substance abuse.

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## APPENDICES

# Appendix A

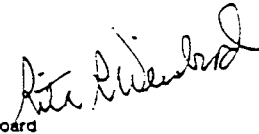
AUGSBURG

C·O·L·L·E·G·E

DATE: 1/26/96

TO: Mari Daugherty  
307 Fifth Avenue North  
Wahpeton ND 58075

FROM: Rita Weisbrod, Ph.D.  
Chair  
Institutional Review Board



RE: IRB Application (exempt): "Identifying the number of children receiving services from PATH of ND that are impacted by substance abuse issues"

I have received your revised cover letter and your application is now approved. Your approval number is

# 95 - 27 - 1. This number should appear on your cover letter.

If there are substantive changes to your project which change your procedures regarding the use of human subjects, you should report them to me by phone (330-1227) or in writing so that they may be reviewed for possible increased risk.

I wish you well in your project!

Copy: Carol Kuechler, Thesis Adviser

## Appendix B



223 2nd Street Southwest, Suite 8  
Fargo, ND 58103  
(701) 230-9543  
FAX 230-9520

October 12, 1995

Mari Daugherty  
Licensed Social Worker  
Augsburg College

Dear Ms Daugherty,

Thank you for your interest in completing a research project involving the North Dakota PATH program. Our agency is vested in providing quality care and views research as an important tool in achieving this goal.

Your request for permission to utilize existing documentation and staff knowledge is approved by both the administrators of PATH and the board. We will provide supports for this project, such as covering the mailings costs, and staff time to complete tally sheets.

We look forward to reviewing the results of you research. Please provide a complete copy of your research project when it has been finished.

The PATH agency must be notified if the data is considered for publication. Our organization should be referred to, or credited in any discussion or writings regarding the research proposal.

Sincerely,

Mike Peterson  
Executive Director

AND

Approved By:

William Metcalfe, MSW, BC<sup>3</sup>  
State Director- PATH ND

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## Appendix C



Professional Association of Treatment Homes - North Dakota

January 2, 1996

**Administrative Office**  
825 28th St. SW  
Suite E  
Fargo, ND 58103  
(701)280-9545  
FAX (701)280-9520  
1-800-766-9320

**Branch Offices**  
2718 Gateway Ave.  
Suite 101  
Bismarck, ND 58501  
(701)224-9611  
FAX (701)224-9747  
1-800-766-9379

501 3rd St.  
Devils Lake, ND 58301  
(701)662-4913  
FAX (701)662-4963  
1-800-766-9389

1173 1st Ave. W  
Dickinson, ND 58601  
(701)255-3310  
FAX (701)255-3208  
1-800-766-9351

825 28th St. SW  
Suite E  
Fargo, ND 58103  
(701)280-9545  
FAX (701)280-9520  
1-800-766-9320

1604 S. Washington St.  
Suite 104  
Grand Forks, ND 58201  
(701)775-7725  
FAX (701)775-7880  
1-800-766-9356

300 2nd Ave. NE  
Jamestown Mall  
Suite 202  
Jamestown, ND 58401  
(701)251-9150  
FAX (701)251-9130  
1-800-766-9363

13 1st Ave. SW  
Suite 304  
Minot, ND 58701  
(701)839-8887  
FAX (701)839-8990  
1-800-766-9385

307 5th Ave. N  
Wahpeton, ND 58075  
(701)642-3722  
FAX (701)642-3722  
1-800-766-9364

Box 729  
Williston, ND 58801  
(701)572-7650  
FAX (701)572-7656  
1-800-766-9387

To: PATH ND Social Workers

From: Mari Daugherty  
Augsburg College Student  
PATH Social Worker

In reviewing data on therapeutic foster care, I have found several studies that discuss the impact of substance abuse on youth in care. In discussing this with supervisors, coworkers, foster parents and youth, I have found that there is a lot of interest surrounding this topic. I would like to complete a descriptive study of the youth in care to determine how many are impacted by this issue. The benefits of this study include increased programming and education for social workers, foster parents, youth, and their families.

Currently, I am completing my Master of Social Work at Augsburg College. A key component to the Augsburg program is that each student must complete a thesis study. I would like to gather information on the occurrence of substance in the lives of children that are placed in PATH homes. The research question is: What number of youth placed with PATH of North Dakota are impacted by substance abuse issues of their own, or their parents? The term substance abuse is defined as: A maladaptive pattern of using certain drugs, alcohol, medications, and toxins despite their adverse consequences. This term was picked so that you could note usage in cases where addiction has not been diagnosed.

Your participation in this study is requested, but not mandatory. Failure to participate will not affect your job or relationship to PATH or Augsburg College. There are no direct personal benefits to you for your participation. This thesis project has been approved by the PATH Board, Mike Peterson, and Bill Metcalfe.

To ensure confidentiality of the children served by PATH, social workers are asked to complete tally sheets from existing case files. The enclosed tally sheets request demographic information about the children receiving services from PATH. Do not include case identifying information (i.e., your name, child's name, service area, etc.) on the tally sheets. Please answer each question based on information in the case file. The researcher will not be able to determine which service area or case file the information came from. Complete one tally sheet on each case you have open on January 15, 1996. When you are done, mail them in the enclosed stamped envelope that is marked: Attention Julie. She will remove the tally sheets from the envelopes and return all the completed forms to the researcher.

ACCREDITED



COUNCIL ON ACCREDITATION  
OF SERVICES FOR FAMILIES  
AND CHILDREN, INC.

Thank you for your time and assistance in this matter. Please call me at 1-800-766-9364 if you have any questions or concerns. IRB # 95-27-1

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## Appendix D

### Substance Abuse Case Review Tally Sheet

Please do not include any case identifying information, (i.e., your name, child's name, area, etc.) on this sheet. Complete one tally sheet for every open case you have on January 15, 1996. Completed sheets are to be returned to: PATH, 825 28 TH. ST. SW, FARGO ND 58103, ATTENTION: JULIE.

Ethnicity \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Current Axis I diagnosis (number & description) \_\_\_\_\_

Length, in months, of placement with PATH \_\_\_\_\_

Number of previous out-of-home placements prior to current placement \_\_\_\_\_

Adjudication : \_\_\_\_\_ delinquent \_\_\_\_\_ unruly \_\_\_\_\_ deprived

1) Based on documentation in the file, does the child in placement have substance abuse issues?

Yes \_\_\_\_\_ No \_\_\_\_\_

2) Based on documentation in the file, does the mother of

this child have substance abuse issues? Yes \_\_\_\_\_ No \_\_\_\_\_

3) Based on documentation in the file, does the father of

this child have substance abuse issues? Yes \_\_\_\_\_ No \_\_\_\_\_

4) Based on documentation in the file, does the stepmother of

this child have substance abuse issues? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

5) Based on documentation in the file, does the stepfather of

this child have substance abuse issues? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

