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Child Welfare, Domestic Violence and Substance Abuse: A Review of the Literature, Promising Practices and Strategies

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June 2001**

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I. Introduction

Collaboration works best when there is respect, education and communication...a respect for each others' roles, and an understanding of the different perspectives...we need to be able to 'agree to disagree' at times...we don't have to be at odds...we can work together...

Child Welfare, Domestic Violence and Substance Abuse:
A Report on Protocols and Practices Preliminary Report
March 2001

This quote highlights one of the central findings of the preliminary report published in March by the Substance Abuse Protocols Project (SAPP). The Project was initiated on January 15, 2001 through a cooperative agreement between the Office of Substance Abuse (OSA) and the Muskie School's Institute for Child and Family Policy. The Project examined issues related to child abuse/neglect and substance abuse and domestic violence and substance abuse. The Project's preliminary report attempted to identify the existence of treatment protocols for individuals or families needing substance abuse services when child abuse/neglect or domestic violence was involved. The study found the state did not have clear protocols for services and there was a need for more collaboration, communication, education and training.

The purpose of this second and final report by the Project is to provide a synopsis of trends, promising practices and programs from across the nation and in Maine related to child abuse/neglect, domestic violence and substance abuse. The report illustrates that Maine is not alone in grappling with these problems. The report is intended, however, to offer several examples of what has been tried and what has been learned by other states and professionals over the past several years. A special emphasis has been placed on services and strategies that have utilized collaborative models of training and program development/delivery.

In addition to the summary of national trends and promising practices, the report also includes a brief discussion of efforts in Maine. While these examples do not paint a complete picture, they do offer elements of collaboration, training and case management that may help frame the policy and practice issues for discussion and action. Finally, the report outlines this Project's recommendations for next steps to be taken in Maine.

Although this report is intended to "stand alone," it is best understood in the context of the preliminary study issued in March, 2001. The following is a summary of the purpose and the findings from the preliminary report.

II. Summary of Preliminary Report

The purpose of the Project was to examine issues related to child abuse/neglect and substance abuse and domestic violence and substance abuse. In particular, the Project is interested in

determining how the child welfare system and domestic violence programs interact with substance abuse services. The Project attempts to identify the existence of treatment protocols and pathways for individuals or families needing substance abuse services. More specifically, the Project seeks to answer the following questions in the areas of child welfare and domestic violence:

- To what extent are substance abuse services available for situations involving child abuse/neglect and domestic violence?
- What type of screening and assessment is conducted for substance abuse?
- What type of referral process is utilized involving primarily public or non-profit agencies?
- What criteria are used to determine progress in treatment?
- Do substance abuse treatment providers offer relapse prevention planning?
- What are the most significant barriers to services?
- What practices appear to be the most effective?

These questions were intended to gain a better understanding of: 1) how the referral system works; 2) the availability of services; 3) the barriers that impede access to services; and 4) what services work and what would make current practices and services more effective.

Using a combination of surveys, interviews, focus groups and review of existing data, the Project team developed findings related to child abuse/neglect and substance abuse and domestic violence and substance abuse.

Highlights from the Project report include:

- There is no uniform method for screening for substance abuse and for making referrals for services in either child welfare or domestic violence cases.
- The availability of services is inconsistent throughout the state and there are many areas where distance or lack of resources make services completely unavailable. There are also long waiting lists for many services.
- Philosophical differences in the way each discipline approaches the issue of substance abuse often create tensions and may interfere with the ability to work effectively with clients.
- Identifying progress in treatment and how relapse planning is approached can be a barrier to effective treatment of substance abuse.
- Those involved in this work uniformly expressed the need for increased respect, education, and communication. Consistently, workers from various disciplines said that things work

best in a case if people understand each others' roles, realize there can be different perspectives, yet maintain the common goal of helping the family.

- Multidisciplinary training and joint case planning were identified as critical.

Along with these findings, the report also outlined seven (7) recommendations. They included:

- Protocols and best practices for situations involving child abuse/neglect and substance abuse and domestic violence and substance abuse should be developed and implemented by the Department of Mental Health/Retardation, and Substance Abuse Services and the Department of Human Services.
- A system that provides reliable, clear and uniform methods for screening and evaluating substance abuse should be developed.
- Philosophical differences that exist between the disciplines of child welfare, domestic violence and substance abuse should be examined.
- Training programs which are cross disciplinary stress integrated case management and increase skills in communication, coordination and collaboration should be expanded.
- A comprehensive and coordinated system of aftercare and monitoring should be developed.
- The need for inpatient and outpatient residential services and emergency services should be reviewed.
- A plan to address the multiple barriers to substance abuse services should be developed.

II. National Trends

➤ Looking Nationally...Summarizing the literature

The literature reviewed for this section focuses on child welfare and substance abuse, and domestic violence and substance abuse. This review: 1) summarizes key national literature on the issues; and 2) find examples of promising practices and strategies. This literature review is narrow and specific in its scope, and builds upon the research findings presented earlier in the preliminary report.

Several national reports address the issues of substance abuse, child abuse, and/or domestic violence. Each report looks at key issues facing the disciplines, and offer recommendations. The following are highlights of these reports.

Blending Perspectives and Building Common Ground, A Report to Congress on Substance Abuse and Child Protection, April 1999.

The Adoptions and Safe Families Act (ASFA, P. L. 105-89) required the Secretary of Health and Human Services to prepare a report to Congress, describing the extent of the problem of substance abuse in the child welfare population, the types of services provided, the effectiveness of those services, and recommendations for legislative changes to improve service coordination. “Although intended for Congress, the report will also be of interest to other national, state and local policy makers concerned with the interrelationships between substance abuse and child maltreatment.” (pg. viii) The publication was developed jointly by the Administration for Children and Families, the Substance Abuse and Mental Health Services Administration, and the Office of the Assistant Secretary for Planning and Evaluation, in consultation with the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, and the Health Care Financing Administration.

The report examines issues related to addiction, treatment, and recovery, and details the extent of the problem within child welfare. The report discusses the importance of collaboration and overcoming barriers to quality services. In conducting research for the report, staff from within HHS found, “child welfare and substance abuse fields have different definitions of ‘the client’, different training and education which lead to different perspectives in defining families’ problems, and often see each other as at fault when conflicts arise. Our professions have a long way to go in learning about one another, blending perspectives, and developing ways to work together more effectively. The lack of understanding, different and often conflicting frameworks and priorities, as well as a lack of communication and collaboration among the providers of care in the child welfare and substance abuse fields must be addressed if we are to better serve the children and families who most need our help.” Model programs highlighted in the Report to Congress are reviewed in the next section of this report.

No Safe Haven: Children of Substance-Abusing Parents, The National Center on Addiction and Substance Abuse at Columbia University (CASA), 1999.

This report is the result of a two-year study conducted by CASA. The report reflects the findings of “...an exhaustive analysis of the available data on child abuse and neglect; an unprecedented CASA national survey of 915 professionals working in the field of child welfare; a review of more than 800

professional articles, books and reports; six case studies of innovations in the field and numerous in-depth interviews with judges, child welfare officials and social workers on the frontlines...concluding that "*there is no safe haven for these abused and neglected children of drug-and alcohol-abusing parents. They are the most vulnerable and endangered individuals in America.*"(Foreward)

CASA's findings echo similar results from other reports: 80% of the professionals said substance abuse causes or exacerbates most cases of child abuse and neglect that they face; training is inadequate for those in the field of child welfare; parental substance abuse and addiction is the chief culprit in at least 70% and perhaps 90% of all child welfare spending; the human costs are incalculable; 86% of survey respondents named lack of motivation as the number one barrier to getting parents into substance abuse treatment; there is an irreconcilable clash between the fast-moving clock of a child's developmental needs and the slow motion clock of recovery. The report details important findings from the two-year study, and clearly expresses the need for change. "Parental alcohol and drug abuse and addiction have thrown the nation's system of child welfare beyond crisis, into chaos and calamity...substance abuse and addiction has shaken the foundations of the nation's child welfare systems and fundamentally changed the nature of the tasks required of the professionals involved." (Foreward)

In addition, the report suggests guiding principles to those working in this field. It recommends urgent action on five recommendations: "Start with prevention, dramatically reform child welfare practice, fund comprehensive treatment, provide substance abuse training to all child welfare, court, social and health service professionals, and evaluate outcomes, increase research and improve data systems." (pg. 9 of executive summary) CASA also highlights promising innovations which are reviewed in the next section of this report.

Responding to Alcohol and Other Drug Problems in Child Welfare : Weaving Together Practice and Policy, Child Welfare League of America, 1998

This book provides an overview of issues related to child welfare and substance abuse. It highlights statistics from various studies on the extent of the problem, and presents various models being used to address these issues. The book estimates that 40-60% of parents in the child welfare system have alcohol or other drug problems serious enough to affect their parenting. In regards to the foster care system, the authors cite "Substance abuse is a factor in three-fourths of all placements." (pg. 5).

The authors stress the need for changes in policy and practice in order to truly protect children. In the preface, the book states: "Many children and youth stand unprotected. The child welfare community cannot carry out its mandate to protect children unless there is a dialogue among professionals and caregivers from such disciplines as child welfare, substance abuse prevention and treatment, mental health, juvenile justice, public assistance, and domestic violence. It is through collaboration that effective innovations in policies, programs, and practices evolve." The authors state the most important recommendation for change (within daily practice) is to look at how assessments are conducted.

Assessments are usually administered separately by each set of agencies, resulting in "layered assessments," although the needs very much overlap. The authors state that assessments are "...the keystone in the bridge needed between child welfare and substance abuse treatment agencies."(pg. x) The book outlines several models and options for changes, which will be discussed in the next section of this report.

 **Substance Abuse Treatment for Persons With Child Abuse and Neglect Issues, *Treatment Improvement Protocol (TIP) Series 36*, U.S. Department of Health and Human Services, Center for Substance Abuse Treatment, 2000**

The Treatment Improvement Protocol (TIP) Series is part of an on-going effort to offer practical guidelines for the treatment of substance abuse. This Treatment Improvement Protocol (TIP) examines treatment issues for adults who have been victims of child abuse, and adults who may be abusing or neglecting their own children. The document explores research and clinical evidence indicating that abuse during childhood can increase a person's risk of developing substance abuse disorders. It recommends: "Comprehensive screening for root causes of clients' presenting symptoms may greatly increase the effectiveness of treatment."(pg. xvii)

In the chapter entitled "Breaking the Cycle," the role of the substance abuse counselor is explored in detail. The document discusses clues that a client may be endangering their children, and how to incorporate treatment strategies. The authors address the inherent conflicts that can arise: "At intake, the counselor should make clear to a client that she is concerned about the client both as a person with a substance abuse disorder and as a parent with certain responsibilities. The counselor needs to state from the beginning that both the client's and the children's safety are of utmost importance." (pg. 83)

The document identifies factors that stand in the way of collaboration between substance abuse and child welfare. These factors include different perspectives on dependency, different clients, different goals, and different timeframes. The authors state these differences are at "the heart of the conflicts that historically have characterized relationships between these two groups of professionals and prevented closer cooperation." (pg. 93) The document stresses improving collaboration, stating "these agencies do not need to lessen their commitments to their different missions; instead, they must recognize that both sets of goals are compatible and can best be achieved through joint efforts." (pg. 93) The report emphasizes how "The role of the treatment provider is changing from one who works in relative isolation to one who is a partner within an integrated system." (pg. 120). The document also provides examples of innovative collaborations.

 **Substance Abuse Treatment and Domestic Violence, *Treatment Improvement Protocol (TIP) Series 25*, U.S. Department of Health and Human Services, Center for Substance Abuse Treatment, 1997.**

This document is one of the few that addresses the issues of domestic violence and substance abuse. Despite considerable overlap in client populations, the report states that both fields work largely in isolation from each other. "Because both the domestic violence and substance abuse treatment fields are relatively young and new to each other, neither has yet consistently implemented programs that facilitate interagency coordination and cooperation."(pg. xiii) Differences in philosophy and terminology have blocked collaborative efforts between the two disciplines. The report suggests that "coordinated intervention is crucial," and that "linkages will also help each agency fulfill its own mission."(pg. 63)

Very little research has been completed on the connections between the two fields. The consensus panel that studied the issue focused its attention primarily on men who abuse their female partners and women who are battered by their male partners. They identified research indicating that one quarter to

one half of men who commit acts of domestic violence also have substance abuse problems. (pgs. 1-2.)

Regarding practices and protocols, the document discusses the screening and referral process, recommendations for treatment, and the need for systemic reform. The report concludes "Failure to address domestic violence issues among substance abusers interferes with treatment effectiveness and contributes to relapse" [executive summary] The report recommends that substance abuse treatment providers do more than just identify the problem; they should contact domestic violence experts so a more thorough assessment can take place. "Practitioners in both fields must be attuned to the connections between the two problems. By sharing knowledge, substance abuse treatment providers and domestic violence workers can understand the complexity of the problem, address their own misperceptions and prejudices, and better serve individual clients—as well as lay the foundation for a coordinated community response. Building bridges between the two fields requires an understanding of the way each problem can interfere with the resolution of the other and of the barriers posed by the two fields' differing program priorities, terminology, and philosophy." (pg. 5) The report also details the need for coordination on both the local level and statewide, and offers suggestions on how these changes can occur.

Several locales have attempted to develop model programs integrating substance abuse and domestic violence services. These include the Amend Program in several Colorado communities (Rogan, 1985-1986), the Intercede Program of Longford Health Sources in Ohio (Burkins, 1995), and the Pittsburgh Veterans Affairs Medical Center (Gondolf, 1995, pg. 66).

National Symposium on Alcohol Abuse and Crime: Recommendations to the Office of Justice Programs, 1998.

This report offers insight into the relationship between substance abuse and domestic violence. The domestic violence workgroup of the symposium states "...although there has been significant progress in raising the visibility of domestic violence within the [criminal justice system], the need for more effective responses to domestic violence in general and to domestic violence related to alcohol abuse still presents critical challenges."

A recurring theme in this domestic violence group was the importance of collaboration among agencies and services. The group said it was critical to ensure the safety of victims of domestic violence who have alcohol abuse problems and those who do not. The literature on domestic violence concentrated on the importance of 'safety first'. The report states: "The dimension of alcohol abuse only intensifies and makes more complex the requirements for integration."

The report also recommends continuation of the dialogue between domestic violence programs (victim/survivor and offender treatment programs) and the alcohol field (both treatment and prevention). The report suggests: "One vehicle for such a dialogue would be a forum/conference for practitioners and policy makers to review current research and promising practices regarding alcohol abuse and domestic violence. Such a forum should include a diversity of opinions and approaches. It could also form a basis for subsequent training on the conclusions that emerge from the conference.

➤ Promising Practices and Strategies from a National Perspective

Child Welfare and Substance Abuse Issues

The literature provides examples of innovative practices or strategies for dealing with substance abuse, child welfare, and/or domestic violence. In *Responding to Alcohol and Other Drug Problems in Child Welfare*, the Child Welfare League of America identifies the following nine model strategies from across the nation that represent "...the state of the art in efforts to address AOD problems among child welfare cases."

- Paired AOD (Alcohol and Other Drugs) Counselor and CWS Worker (DE)
- AOD Counselor Out-stationed at a CWS Office as Technical Assistance (NJ)
- AOD Screener in CWS/Welfare Office; CWS & Welfare Staff on Loan to State Office (OR)
- Multidisciplinary Team for Joint Case Planning (women's treatment programs, multiple sites)
- Paired CWS Worker & Person in Recovery (Cleveland, OH)
- Infusion of AOD Strategies through Training (Sacramento County)
- Community Partners of Recovery & Treatment staff with CWS (Nashville, TN)
- Community Partnerships for the Protection of Children (Jacksonville, Cedar Rapids, Louisville, St. Louis)
- Family Drug Court (Pensacola, Reno)
(Young, Gardner and Dennis, 1998, 28)

The book describes the strengths and challenges of each model. In particular, the Sacramento County Initiative is often cited. The authors state: "This guidebook draws on the lessons from several of these demonstration projects...however, some of the most instructive lessons emerge *from a single case study*: Sacramento County's four-year (and ongoing) initiative, which has addressed CWS-AOD issues in a larger context of other systems, including welfare, criminal justice, and health services" (Young et al., 1998, 10).

Sacramento County's Alcohol and Other Drug Treatment Initiative

In 1993, Sacramento County's Department of Health and Human Services responded to the growing number of child protective cases in the County that involved AOD-related problems. With an estimated 2,000 drug-exposed infants born annually and requests for AOD services accounting for nearly 30% of all Family Preservation service requests, the DHHS leadership assessed the agency's capacity to meet these needs and concluded that at best it could respond to no more than 25% of the need. The Department, under the leadership of then-Director Robert Caulk, developed a multifaceted initiative focused on changing the child welfare and other systems through training and making AOD assessment and intervention part of the responsibility of every worker. The clear and ambitious goal: to provide direct AOD treatment on demand. The Department developed three levels of training for more than 2,000 employees, providing core information on chemical dependence in the first level, teaching advanced assessment and intervention skills in the second level, and building group treatment skills in the third level. (Young, et al., 1998,10)

Underlying the training was the belief that department members from all levels must be able to address alcohol and other drug issues. “The prerequisite to a serious commitment to training is a recognition that the great majority of workers in the child welfare system and in treatment agencies do not know enough about ‘the other side’ to work effectively across systems.”(Young, et al., 1998,10)

The authors stress this project because it hits *head on* the area needing improved methods: assessing child safety and AOD treatment needs. The report states: “Risk assessment protocols need to better integrate and link the best practices of child welfare services with those of AOD treatment agencies. Blending risk assessment in the child protective services system with the screening and assessment of AOD problems is an essential step to help ensure the well-being of children and families...”(Young, et al., 1998,10). By having CW workers trained in the AOD area, workers can make a more comprehensive assessment of risk and make a “good handoff” to the AOD treatment provider.

Child Protective Services (CPS) Assessment Process

Young, Gardner and Dennis also identify three shortcomings of the current CPS assessment process as it addresses AOD issues: 1) screening for AOD problems is cursory and not standardized; 2) without standardized information in the file that includes reports on screening for AOD use, abuse, and dependence, it becomes impossible to weigh the importance of AOD factors for a single case or across thousands of cases in a regression analysis designed to revise risk assessment tools; and 3) when AOD abuse is detected, the typical referral to AOD treatment is not based on an assessment of the severity of the problem or the level of treatment needed to respond to the problem. The typical referral is a set of phone numbers of treatment centers or a call to the AOD agency; the report indicates “This often results in a backlog on the AOD side and a failure of the CWS client to negotiate the gap between the two systems.”

In their review of the assessment process, Young, et al. discuss the current problems and responses as well as the challenges to implementing a linked CW-AOD assessment strategy:

- Address both the problem of AOD use and child maltreatment.
- Assess the interaction between AOD use, abuse, or dependence, and child maltreatment, and what it means for risk to the child.
- Establish standards for intervention that relate explicitly to assessment(s), including appropriate level of AOD intervention(s).
- Include assessment of strengths inherent in the family, which leads to an appropriate service/treatment plan for the family as a whole.
- Conduct assessments in the broader context of overall family functioning and behavior.
- Develop assessment protocols that are sensitive to cultural, ethnic, and gender-related concerns.
- View any assessment instrument as a tool to enhance - not substitute for-professional clinical judgement.
- Consider family violence, mental health, and job readiness assessments as part of related systems that affect CWS-AOD outcomes.
- Link assessments to workload and budgeting-supervisors, managers, policymakers, budget analysts, and others should use assessment information about the levels of client’s needs to help manage agency resources and net increases in paperwork should be avoided.

Blending Perspectives and Building Common Ground also discusses the need for comprehensive child protection risk assessments. A recent study by the Child Welfare League of America found that 18 of 47 child protection risk assessment protocols reviewed did not address parental drug abuse, 19 did not address parental alcohol abuse, and 35 did not include items about a child's potential substance abuse. (Blending Perspectives, pg. 96) Similarly, a study by National Center on Child Abuse and Neglect found that substance abuse is one of three risk factors most likely to be rated as 'insufficient information to assess'. The report also cites a 1987 study indicating that social workers failed to correctly identify and respond to client's alcohol problems in 83% of cases. (pg. 92) Incorporated into any model programs must be accurate assessments and referrals. The report states "too often, however, CPS staff do not ask about or follow up on potential substance abuse, and substance abuse treatment providers have a similar stance toward child maltreatment."

Project SAFE (Substance Abuse Family Evaluation)

Substance Abuse Treatment for Persons With Child Abuse and Neglect Issues identified a program developed by the Connecticut Department of Children and Families in which voluntary substance abuse assessments are made available to parents in CPS investigations through the use of a telephone referral system. This system is maintained by a managed care company and has a network of 43 providers. "...child welfare workers with questions about the severity of parental substance use can secure appointments for evaluation on a priority basis. The program will provide rapid reporting of results and priority access to treatment when necessary. By directly linking the two systems, the agency hopes to decrease the risk of continued abuse or neglect, enhance decision-making about service needs, facilitate admission to substance abuse treatment, and reduce the need for out-of-home placement." (USDHHS, 2000, pg. 121) Within the last three years the project has "led to communication and a definition of roles and response guidelines" between CPS agencies and the substance abuse treatment system, as well as ongoing housing and case-management efforts.

Programs Changing the Way Child Welfare Agencies Offer Substance Abuse Services

The report also lists other model programs in the United States. The programs highlighted substance abuse and child abuse services that are *under one roof*. The report states: "Most substance abuse treatment settings do not have the resources to handle both substance abuse and ongoing child abuse concerns. Interagency networks and agreements can be most effective in these cases." (pg. 85) The following is a list of model programs: Parental Awareness and Responsibility Village (Florida), The Spring (New Mexico), Village South Families in Transition (Florida), Family Rehabilitation program (New York), Project Connect (Rhode Island), Project Safe (Substance and Alcohol Free Environment, Illinois), and Relational Psychotherapy Mother's Group (Connecticut).

An innovative program was also found in Delaware. The state requested and received a demonstration waiver allowing it to use foster care funding for a system of substance abuse assessment and referral. "This system provides for staff from the substance abuse agency to be located in child welfare offices to do substance abuse assessments and to identify appropriate substance abuse treatment resources for those parents who need them...initial results show that the demonstration is improving the engagement of clients in substance abuse treatment services...indications so far are that foster care costs for families participating in the demonstration will be significantly reduced in comparison to the control group." (pg. 97, *Blending Perspectives*)

Linking Child Welfare and Substance Abuse Treatment. A Guide for Legislators also lists various state (and local) strategies to increase treatment and other resources, to improve coordination, and to engage parents in recovery. They serve as examples of innovative practices as well. In addition to this guide, innovative practices are also discussed in *No Safe Haven: Children of Substance-Abusing Parents* (1999).

➤ **Domestic Violence and Substance Abuse Issues**

Promising practices or strategies regarding domestic violence and substance abuse have also been identified.

Creating Linkages Between Domestic Violence and Substance Abuse Programs

The following list provides some recommendations from the “National Symposium on Alcohol Abuse and Crime: Recommendations to the Office of Justice Programs” (1998) for making effective linkages:

- Integrate a domestic violence assessment component into all alcohol treatment programs;
- Integrate safety-related strategies into all alcohol treatment planning/case plans for victims of domestic violence;
- Provide services that better meet victims' needs and are women-friendly and appropriate;
- Bring more community-based representatives to the table when a team or task force is created;
- Be clear about the purpose of screening for alcohol or drug addiction for batterers (is it an avenue of additional intervention, a way to diminish responsibility, or will it be used to give priority to alcohol or drug addiction treatment over batterers intervention and sanctions);
- Assure that specific screening components be included in all programs associated with alcohol abuse and domestic violence.

Experts have been identified in substance abuse, child abuse and domestic violence, but linkages in these fields seldom occur. Materials developed by Susan Schecter of the University of Iowa called *Creating Safety for Women and Children* proposed treatment programs that address both family violence and AOD (alcohol and other drugs) problems of batterers. (Young, et al., 1998, pg. 140) The importance of establishing clear measures of success that allow for different perspectives was delineated. It was recognized that “...much remains to be done.” Fordham University developed a curriculum which was presented on April 30, 1999 to child welfare workers and their social work students. The goals of the curriculum involve increasing the skill level in screening for co-occurrence of domestic violence and substance abuse problems, increasing skills in assessing risk and safety in co-occurrence cases, and increasing skills in making appropriate referrals and/or interventions.

Understanding the co-occurrence of substance abuse and domestic violence requires an assessment of each problem separately as well as understanding the impact of one problem on the other. The primary investigator must be prepared to do an initial screening and then make referrals. Screening questions are offered in the curriculum to assist in uncovering intimate partner violence and substance abuse when one or the other problem is not the identified presenting issue in the case.

A part of the training involves case examples and a panel discussion of the case from the perspectives of intimate partner violence, substance abuse and mental/emotional disorders. The discussion is designed to highlight how different perspectives raise different questions, judgments and concerns, and how to use the resulting confusion to highlight where more detailed and precise information is needed

about a case. The contribution of different perspectives in screening also reinforces the value of the case conference as a tool in assessment and treatment planning.

In the opening pages of the *Substance Abuse Treatment and Domestic Violence Treatment Improvement Protocol (TIP) Series 25*, the Consensus Panel clearly states their aim to "...open a line of communication between two fields that have worked largely in isolation from each other, despite the considerable overlap in their client populations...each field can benefit enormously from the expertise of the other, and cooperation and sharing of knowledge will pave the way for the more coordinated system of care. While there is no direct cause-and-effect link, the use of alcohol and other drugs by either partner is a risk factor for domestic violence. The Consensus Panel concludes that failure to address domestic violence issues among substance abusers interferes with treatment effectiveness and contributes to relapse. Therefore, the Panel recommends that substance abuse treatment programs screen all clients for current and past domestic violence. When possible, domestic violence programs should screen clients for substance abuse." (pg. xiii, xiv)

Finally the report suggests "...to effect lasting change and reduce morbidity, people working in both fields must accept the fact that the two problems often exist together, must recognize the importance of a holistic treatment approach, must be willing to set aside concerns about 'turf', and must learn to collaborate effectively on the client's behalf." (pg. 8)

An overview of recommendations from the panel beyond those cited above include:

- Always interview clients about domestic violence in private.
- Convey to the survivor that there is no justification for the battering and that substance abuse is no excuse.
- Recognize that once it is confirmed that a client has been battered, domestic violence experts should be contacted.
- Once the client has entered substance abuse treatment, a treatment plan that includes a relapse prevention plan and a safety plan should be developed.
- Telephone and visitation privileges should be monitored for identified batterers and survivors in residential substance abuse treatment programs.
- Programs should develop protocols for dealing with the constellation of legal issues that may arise during the treatment of victims – or perpetrators – of domestic violence.
- Programs should have a copy of the Federal regulations available at all times to show law enforcement officials and establish a relationship with an attorney who can be called upon to help in these situations.
- Programs should reach out to law enforcement agencies before a crisis arises and work with them to develop ways of dealing with issues.

Coordinating Planning and Service Delivery

Additional reforms suggested by the Consensus Panel include the creation of a new mechanism at the state level to coordinate planning and service delivery among agencies based on client needs, and the creation of linked services that can address needs for housing, child care, emotional and physical safety, health and mental health care, economic stability, legal protection, vocational and educational services, parenting training and support and peer counseling. (pg. 63)

Other themes commonly cited in this literature review were the importance of providing appropriate non-coercive alcohol treatment options for victims of domestic violence, the screening of offenders for alcohol abuse at all points of contact within the criminal justice system, and the development of treatment programs for batterers to include screening, and assessment of alcohol use.

The establishment of a domestic violence assessment component in substance abuse programs with the input and involvement of the domestic violence victim advocacy community, and cross-training of staff involved in assessing, placing, and screening for both domestic violence and substance abuse was regularly seen as vital for successful collaboration.

Domestic violence advocates stressed the importance of assuming more responsibility for women's safety across agencies, and the concern over the conflict between the goal of assuring accountability for batterers, and the goal of providing alcohol treatment for batterers. Safety considerations are essential in all aspects of collaboration. A common understanding of safety issues and safety plans is necessary between agencies.

IV. Maine Trends

➤ Looking within Maine

A conference sponsored in part by the Maine Child Abuse Action Network (CAAN) entitled “No Safe Haven: Children of Substance –Abusing Parents” was held in March 2000. The conference brought together professionals from Maine, as well as featured speakers from across the nation. Project SAFE from Connecticut, a Child Protection Substance Abuse Initiative from New Jersey, and the results of the national CASA study were featured.

The report lists the conclusions of this conference:

- First and foremost, substance abuse impairs the ability of caregivers to properly parent and protect their children.
- Second, the majority of child maltreatment cases involve some kind of parental substance abuse.
- Third, this problem is reaching a crisis stage and it deserves our immediate attention.
- Finally, child welfare and substance abuse professionals must work together to find comprehensive solutions to this problem.

The report states: “ Maine faces the same challenges of substance abuse and child maltreatment that are found nation-wide. The guest panelists discussed some of the local initiatives that address this very issue. Through collaborations between state-level and private agencies and cross-disciplinary training programs, Maine has started down the road to multidisciplinary work. However, there continue to be rifts between disciplines, which can ultimately lead to suffering of children and the break-down of Maine families. As documented by the regional discussion groups at the end of this day, more professionals need to receive cross-disciplinary training and agencies need to upgrade their efforts of collaboration and communication. Finally, we need to keep our focus on helping families receive services, in hope that it will make the lives of children safer, healthier and happier.” (pg. 21, conference proceedings report)

The preliminary report completed by this project in March revealed similar findings. Several successful initiatives identified in the project’s research are discussed next.

➤ Successful Initiatives Identified by the Project

As indicated earlier, the preliminary report included telephone interviews, surveys, and focus groups. Respondents were asked to describe their working relationships with other providers. Specifically, they were asked to identify what was working well. Respondents identified several initiatives in Maine that they said worked well: the Child Protective/ Domestic Violence Initiative, Cross Disciplinary Training, and two programs offering case management services. The following is a brief summary of each initiative:

- **Child Protective/ Domestic Violence Initiative:** Over the past six years, the Department of Human Services (DHS) has been working with the Maine Coalition to End Domestic Violence (MCEDV) and the Muskie School to gain a better understanding of the relationship between child abuse/neglect and domestic violence. Focus groups with DHS caseworkers and domestic violence advocates were conducted to learn more about the work of each group and the strengths and barriers of their working relationships. Using this information, a multidisciplinary committee developed protocols for both DHS and the MCEDV. This protocol development was followed by cross-disciplinary training and by regional “brown bag lunches” where advocates and caseworkers met to discuss areas of mutual concern and to learn more about each other’s work. Finally, DHS received funding to place DV advocates in four DHS district offices. This effort is one of many occurring throughout the country and could be replicated relative to substance abuse issues.
- **Cross-Disciplinary Training:** The Cross Disciplinary Training Project was developed in 1993, due to concerns that practitioners in the discipline of domestic violence, substance abuse and child welfare, were often working with the same families but not communicating with one another. They used different language, and had different philosophies of how to assist families and children with multiple problems. The project was developed collaboratively and offers an eighteen hour training delivered by teams utilizing a comprehensive, integrated curriculum *Caring for the Abuse Affected Child*. Teams include a battered women’s or children’s advocate, a child protective caseworker or supervisor, and a substance abuse counselor. To date, over 1,400 professionals have completed the training.

Recently, staff from the Cross Disciplinary Training Project conducted an evaluation of their program by surveying individuals who have provided training. The majority of respondents (25 out of 42) said the training had improved their relationship and increased their respect for other disciplines. When asked if working relationships with other providers had changed (for the better) since taking the training, most reported that relationships had changed somewhat or a great deal. The survey also asked respondents to identify what factors help facilitate collaboration between the three disciplines. They said:

- Identify common priorities
 - Scheduled interaction such as doing training together, attending workshops, team meetings, being on committees, training across agencies
 - Increased understanding of each other’s philosophy
 - Open to learning about each other and working together, putting judgement aside
 - Working on cases together
- **Case management:** The Women's Project and Integrated Case Management (ICP) are two initiatives which emphasize case management services.

Integrated Case Management was established in 1997 to test a new approach to service delivery for multi-problem families. A report assessing this initiative (November 2000) states: “To address the multifaceted issues and needs facing families, the Children’s Cabinet established the Integrated Case Management (ICM) initiative as a collaborative vehicle for the multiple service providers working with complicated family circumstances.” The report

states: “A major finding from the pilot was that families feel overwhelmed and confused by the number of service providers in their lives. ICM is one model that can address this concern. However, developing a social services culture where integrated, cross-disciplinary work is the norm is necessary if we are to move the next step toward assuring that families are getting effective, efficient and holistic services and support.”

The Women’s Project was established in 1994. It is a statewide program administered by the Peoples Regional Opportunity Program (PROP). The mission of The Women’s Project is to increase access to recovery services for Maine women affected by substance abuse. It offers interim case management while supporting individual client recovery. The Women's Project also works to remove barriers to services and provides outreach and community education on substance abuse prevention and related health issues.

V. Next Steps for Maine

The information presented in this report, combined with the findings from the preliminary report, shows there is not one model or one program that fully addresses issues related to substance abuse, child abuse/neglect and domestic violence. Instead, there are several common elements that are necessary to develop a more integrated system of services. These elements include clearly defined protocols, an understanding of effective practice, specific training, program collaboration and case management. Although there has been a noticeable increase in attention and concern related to child abuse/neglect and domestic violence and substance abuse, the State does not have a clear strategy for incorporating these elements into a more identified system of services.

In order to develop a more integrated system that effectively responds to substance abuse in cases involving child abuse/neglect and domestic violence, the following phases of next steps should be considered.

Phase One: Trends, Promising Practices and Common Ground

The first step in building a more integrated system involves setting a common agenda and utilizing promising practices from other states and in Maine.

Next Steps:

- Convene a Working Group of key decision makers including participants of the Save Havens Conference to examine national trends and promising practices.
- The Working Group will develop a strategy to address the issues identified by that review and those identified in the preliminary report.

Phase Two: Protocols and Uniform Substance Abuse Screening and Assessment Methods

The treatment of substance abuse is enhanced by appropriate identification and assessment. Substance abuse providers use a number of different methods for assessment. Some child welfare professionals view them as unreliable and confusing. At the same time, substance abuse providers said they received referrals that have not been adequately screened.

Next Steps:

- Using the Child Protective/Domestic Violence Initiative as a model, the working group should develop protocols for substance abuse related services.
- A substance abuse screening tool, similar to the one used in juvenile corrections, should be developed and made available to child welfare professionals and domestic violence programs.
- A model substance abuse assessment process should be developed and implemented.

Phase Three: Training, Collaboration, and Case Management

The preliminary report revealed that substance abuse service providers who had received training identified, on average, almost twice as many cases involving child welfare and domestic violence compared to those who had not received training. Furthermore, the review of information from

across the country showed that training, collaboration and case management were three elements common to effective programs and services.

Next Steps:

- Create cross-disciplinary training opportunities to include all aspects of substance abuse, child welfare and domestic violence.
- Develop case management initiatives specific to child welfare, domestic violence and substance abuse.

Phase Four: Barriers to Service and Service Delivery

The preliminary report pointed out the need for more residential and emergency substance abuse services. The lack of financial resources, childcare and transportation were also cited as significant barriers to services.

Next Steps:

- The Working Group should examine the need for additional residential and emergency services as well as barriers to services and offer recommendations to the departments on how to meet these needs.

Phase Five: Policy Issues

The preliminary report points out there may be statutory provisions and rules which stand in the way of collaboration and the delivery of services.

Next Steps:

- A review of current laws and rules should be conducted.
- Recommendations should be made to the State Legislature and U.S. Congress regarding provisions that could improve collaboration and the delivery of services.

These recommendations comprise an ambitious work plan. While it may not be possible at this time to undertake all of the next steps, strategic interventions could prove to be tremendously beneficial in the development of an integrated system of protocols and services. Given the number of lives that are affected, we are convinced the state has the ability to address the policy issues of child abuse/neglect, domestic violence and substance abuse in a way that will lead the nation.

Finally, members of the Project would like to recognize the extraordinary number of professionals in the state who are dedicated to resolving the problems of child abuse/neglect, domestic violence and substance abuse. Faced with limited resources and high expectations, domestic violence service providers, child welfare workers and substance abuse providers repeatedly demonstrate an unwavering commitment to their clients and their professions. Their assistance to this Project was invaluable.

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