

# EFFECTIVE INTAKE AND ASSESSMENT OF PREGNANT AND PARENTING WOMEN

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## OBJECTIVES:

Participants will learn:

1. Common themes or characteristics among pregnant and parenting women with substance use disorders and how these factors can be utilized during the assessment process
2. How to use and implement a strengths-based, client-centered approach while assessing pregnant and parenting women with substance abuse problems
3. How to use assessment and intake methods for pregnant and parenting women with substance use disorders that allow their treatment plans to effectively address their stresses, traumas, concerns, and goals

**OBJECTIVE 1:**

**COMMON THEMES OR  
CHARACTERISTICS AMONG PREGNANT  
AND PARENTING WOMEN WITH  
SUBSTANCE USE DISORDERS AND HOW  
THESE FACTORS CAN BE UTILIZED  
DURING THE ASSESSMENT PROCESS**

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**COMMON THEMES AMONG PARENTING AND PREGNANT  
WOMEN WITH SUBSTANCE USE DISORDERS**

- There is no single pathway for addiction or the development of a substance use disorder. Despite this, there are multiple pathways from substance use initiation to dependence that determine the development of a moderate or severe substance use disorder.
- Despite the multiple pathways from substance use initiation to dependence, Substance Abuse and Mental Health Services Administration ([SAMHSA, 2015](#)) indicates that a history of trauma is a common factor among women with substance use disorders.

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### **COMMON THEMES AMONG PARENTING AND PREGNANT WOMEN WITH SUBSTANCE USE DISORDERS**

- 1) Exposure to traumatic events such as physical and sexual victimization and exposure to interpersonal violence are more likely experienced by women with substance use disorders (SAMHSA, 2015).
- 2) Relationships within the context of the family origin and early family exposure to substance use have been found to be closely associated with women's initiation to and development of substance use disorders. (SAMHSA, 2015).

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### **COMMON THEMES AMONG PARENTING AND PREGNANT WOMEN WITH SUBSTANCE USE DISORDERS**

- 3) Consideration must be given to the caregiver role and responsibility that women often assume.
- 4) Societal attitudes towards women substance users also must be taken into consideration.
- 5) "Telescoping:" Rapid progression from initiation of alcohol use to rapid progression into a severe substance use disorder is more common among women with substance use disorders (SAMHSA, 2015; Najavitis, 2002).

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### Common Themes

- 1.) **Exposure to traumatic events, such as physical and sexual victimization, and exposure to interpersonal violence are more likely among women with substance use disorders. (SAMHSA, 2015)**

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### Common Themes

- Women abused as children are more likely to report substance abuse. According to Najavits (2002), childhood physical or sexual abuse is the most common form of trauma among women receiving substance abuse treatment.
- Compared to men, rates of PTSD among women in addiction treatment are almost doubled, 33% to 59%, respectively (Najavits, Weiss, and Shaw 1997).

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### Common Themes

- During periods of substance use/intoxication, women are placed at greater risk of additional trauma and victimization. As a result, trauma serves as both a risk factor and a consequence associated with substance use (SAMHSA, 2015).
- Use and abuse of substances may be a method to self-medicate symptoms associated with trauma or other co-occurring disorders. As a result, substance use may serve as a method to cope and to experience positive feelings, which reinforces the effects of substance use/behavior.

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### Common Themes

- Admitting or verbalizing the extent or severity of their substance use may be fear-provoking especially when these women have few coping strategies and limited social supports. Using substances may be the only form of relief from emotional pain. Without substances or adaptive coping strategies, complete abstinence from substances may seem too overwhelming or impossible.

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### Common Themes

- Although a woman presenting for substance abuse treatment may not present with symptoms of PTSD, it is important for clinicians to be aware that these women are likely trauma survivors (SAMHSA, 2015).
- A history of violence within the family is a significant risk factor associated with substance abuse among women.

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### Common Themes

**2.) Relationships within the context of the family origin also have been found to closely be associated with initiation and development of a substance use disorder beginning with early family exposure to substance use.**

- Substance use significantly impacts the family as a whole and interferes with the caregiver's ability to provide a consistent, nurturing environment for children. In order to thrive and adaptively function, children require an environment that is safe, stable, consistent, and nurturing.

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### Common Themes

- Family history of substance use/genetic vulnerability is a significant factor related to the development of women's substance use disorders (Najavits, 2002).
- It is important to note that genetic and environmental factors within the family of origin are likely interconnected (SAMHSA, 2015). For instance, genetic vulnerability to developing a substance-related disorder may help predict the development of a substance-related disorder. However, if a parent has a substance use disorder and uses substances to cope with problems, the use and abuse of substances are normalized within the context of the family. Consequently, the behavior is perceived as acceptable.

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### Common Themes

- Women are more likely to be introduced to drugs and alcohol through partners, spouses, and family members (SAMHSA, 2015). Additionally, women also are more likely to have partners who use substances. According to Najavits (2002), women tend to model their partners'/significant others' addiction patterns.
- Women have less support from spouses, significant others, and family members when seeking and receiving substance abuse treatment. Women are more likely to relapse in the presence of a partner or significant other (SAMHSA, 2015).

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### Common Themes

- Although a woman's relationship with her partner may be unhealthy and abusive, women have a tendency to maintain these relationships during treatment due to factors such as economic and social support. This may relate to the woman's issues of abuse or abandonment during childhood (SAMHSA, 2015).
- Substance use or the development of a substance-related disorder may be a method for women to cope with lost relationships or to maintain relationships with partners/significant others.

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### Common Themes

- 3.) Consideration must be given to the caregiver role and responsibility that women often assume.**

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### Common Themes

- Women's seeking and engaging in substance abuse treatment may be influenced by their caregiver role. In assuming the caregiver role, these women may be caring for family members other than children (SAMHSA, 2015).
  - Women in caregiver roles may be unable to attend treatment due to the demands of caregiving. They may also lack support and encouragement from family members or partners to engage in treatment.

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### Common Themes

#### 4.) **Societal attitudes towards women with substance use disorders also must be taken into consideration.**

- Women who are pregnant and have children may be fearful of the consequences (i.e., legal involvement, child welfare involvement, etc.) and the stigma associated with having a substance use disorder.
- Najavits (2002) indicates that "women are judged more harshly for addiction than men."

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### Common Themes

**5.) “Telescoping”:** Rapid progression from initiation of alcohol use to rapid progression into a severe substance use disorder. This is more common among women with substance use disorders.

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### WHY THIS INFORMATION IS IMPORTANT AND RELATES TO THE ASSESSMENT PROCESS

- 1) There are multiple pathways into the cycle of addiction.
- 2) Substance use is rarely an isolated behavior and often occurs in response to multiple factors occurring within women’s lives. Those factors include emotional, cognitive, interpersonal, and familial functioning.

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### WHY THIS INFORMATION IS IMPORTANT AND RELATES TO THE ASSESSMENT PROCESS

- 3.) Being aware of these common themes assists clinicians in understanding the complexity and challenges associated with assessing and treating this population. It also provides clinicians with a framework of what to evaluate and examine during the assessment process. When we are able to better evaluate and examine these factors in depth, we are able to provide more effective treatment with better outcomes. Improving treatment outcomes also is related to improving overall treatment retention rates.

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### WHY THIS INFORMATION IS IMPORTANT AND RELATES TO THE ASSESSMENT PROCESS

- 4) Most importantly, Najavits' (2002) research found that individuals with reported multiple substance abuse treatment episodes were never asked about trauma. Likewise, some mental health professionals fail to assess for substance abuse.
- 5) In order to effectively treat women with substance use disorders, **A THOROUGH ASSESSMENT IS KEY.** It lays the foundation for treatment.



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**OBJECTIVE 2:**

**HOW TO USE AND IMPLEMENT A  
STRENGTHS-BASED, CLIENT-CENTERED  
APPROACH WHILE ASSESSING PREGNANT  
AND PARENTING WOMEN WITH  
SUBSTANCE ABUSE PROBLEMS**

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**WHAT IS A STRENGTHS-BASED, CLIENT-CENTERED APPROACH?**

➤ According to Manthey, Knowles, Asher, & Wahab (2011), a strengths-based assessment is goal oriented and focuses on the individual's unique talents, assets, resources, and skills as ways of overcoming challenges or barriers associated with meeting goals.

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### **WHAT IS A STRENGTHS-BASED, CLIENT-CENTERED APPROACH?**

- Focusing on the individual's strengths and encouraging her to utilize those strengths increases her self-efficacy and confidence in her ability to identify and resolve problems. As a result, the therapeutic relationship needs to be collaborative and supportive.
- A strengths-based assessment and client-centered approach considers and focuses on identifying the woman's perception of the problem and the goals that she wants to accomplish. This approach provides treatment recommendations and resources that meet the woman's needs and goals.

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### **Family Care Assessment/Family Care Unit: An effective model that can be used to thoroughly assess the complex needs of women with substance use disorders and their families**

This model uses a strengths-based, client-centered and multidisciplinary team approach to the assessment process for families at risk and families involved with child welfare services. The Family Care Assessment/Family Care Unit provides comprehensive mental health and substance use evaluations to individuals involved with the child welfare system/Department of Children and Families (DCF). It links women involved in judicial and non-judicial cases to appropriate treatment services. This model can be adapted for all women with substance use disorders; it is not limited to dependency cases.

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**Family Care Assessment/Family Care Unit: An effective model that can be used to thoroughly assess the complex needs of women with substance use disorders and their families**

- In non-judicial cases, the aim of the family care assessment is to link and engage the individual in treatment services to prevent removal/dependency.
- In judicial cases, the family care assessment recommendations serve as major components in the case plan to support reunification.

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**Family Care Assessment/Family Care Unit: An effective model that can be used to thoroughly assess the complex needs of women with substance use disorders and their families**

- Because these assessments are directly related to child welfare, it is crucial to assess the women thoroughly to ensure that treatment programming would support their specific needs.

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## KEY COMPONENTS OF THE FAMILY CARE UNIT

- A multidisciplinary team approach that includes in weekly case staffings/consultations: child protective investigators, family services counselors, family support team services, family preservation counselors, the domestic violence victim advocate, and Consumer Drug and Alcohol Council (CDAC)/ Women's Intervention Services and Education (WISE) substance abuse case management.

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## KEY COMPONENTS OF THE FAMILY CARE UNIT

- High risk families who are at risk for dependency are referred to the "Clinical Response Team." That team is facilitated and organized by the Family Care Unit. The team's purpose is to collaborate with the family and to determine: what issues need to be examined and addressed, and how these issues can be addressed while keeping the children safe and in the home.
- This also provides women with substance use disorders with multiple resources and service providers who meet their needs.

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## KEY COMPONENTS OF THE FAMILY CARE UNIT

- A team-based approach is recommended for women with substance use disorders. This approach is not limited to dependency cases.
- A family care assessment is completed within 72 hours of referral submission of any woman who is referred to the Clinical Response Team.

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## KEY COMPONENTS OF THE FAMILY CARE UNIT

- Collaboration and coordination across service delivery systems: provide care continuity; reduce the potential for conflicting objectives across service providers; and provide optimal support and care for the complex needs of these families (Werner, Young, Dennis, & Amatetti, 2007).
- Building a strong therapeutic alliance with the woman and providing her with the opportunity to engage with multiple service providers to get her needs met, build trust and give her hope.

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## THE PROCESS OF FAMILY CARE ASSESSMENTS/EVALUATING PARENTING AND PREGNANT WOMEN



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### BEFORE THE ASSESSMENT

- A comprehensive case file review is conducted on the woman to include a review of information provided within the Florida Safe Families Network (FSFN) database. A case file review is also conducted internally within our agency to examine the woman's behavioral health, substance abuse, and -- if she has previously received services through our agency -- her treatment history.
- It is recommended that a case file review be completed for all women with substance use disorders.

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### BEFORE THE ASSESSMENT

- Review information obtained through the referral. Contact the referral source to gather additional information about the reason for the referral.
- SAMHSA (2015) recommends using multiple sources of information to obtain a broad perspective of the woman's history and how the information relates to her current presenting problem. This method also provides clues into her degree of impairment, functioning, and distress. It helps the clinician notice patterns of behaviors that may be directly related to the presenting problem.

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### BEFORE THE ASSESSMENT

#### Why this information is helpful

- Some background information related to the woman's history is helpful especially as it relates to substance use and trauma.
- In substance use, denial and minimization associated with the severity, extent, and nature of actual substance use are common especially when a woman feels guilt or shame about her use.
- With trauma, secrecy, embarrassment, guilt, and shame may prevent women from wanting to disclose.

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## BEFORE THE ASSESSMENT

### Why this information is helpful

- Regardless of the information that you have available, you must be willing to respect and understand that a woman may not be willing to disclose this information especially during the initial interview. It is not appropriate or ethical to force her to talk about information that you gathered during the case file review.
- In my experience, this information is very helpful in understanding the complexity and nature of the presenting problem. It assists me in steering, focusing, and expanding the assessment and interview onto specific areas in the woman's life.

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## DURING THE ASSESSMENT

- As women disclose information, be aware of your own responses and reactions to them. How are you interacting and responding to them?
- **BE AWARE OF COUNTERTRANSFERENCE ISSUES, your own beliefs and feelings. Case file information and information about women's involvement with child welfare can be difficult to read. The clinician may become angry, helpless, or sad. BE AWARE OF THESE FEELINGS AND SEEK CLINICAL SUPERVISION/GUIDANCE FROM ANOTHER CLINICIAN WHO IS SEASONED AND HAS EXPERIENCE WORKING WITH THIS POPULATION.**

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## DURING THE ASSESSMENT

- Failure to address or examine your own personal “baggage” or feelings can be detrimental to the women you assess. If we are not adequately prepared to examine ourselves and our own perceptions, what we notice about the presenting problem can be skewed, inaccurate or avoided completely. Assessing and exploring trauma are difficult. Some clinicians are not equipped or trained to do this.

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## DURING THE ASSESSMENT

**Establishing rapport and building trust (“setting the stage”)**

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## DURING THE ASSESSMENT

### **Example of a first interaction with a woman**

Welcome to Chautauqua Healthcare Services. We are so glad that you are here. We look forward to exploring how we can best help you and your family. I am Amy Petty-Falin, the family care assessor. To begin, we are going to work with you to consider treatment options and develop goals to meet your needs. The Family Care Assessment is an in-depth mental health and substance abuse evaluation. You were referred by Jane Doe, Child Protective Investigator, to address concerns surrounding your current involvement with DCF. We are going to talk about some of that today, but this assessment is mostly about you and helping you to be the best parent that you can be.

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## DURING THE ASSESSMENT

Although some of the information that we discuss today may be difficult for you, I want to reassure you that you are safe. If at any point you feel overwhelmed or nervous, please let me know. Feeling nervous or overwhelmed during this interview is okay, so please let me know. If you have questions or concerns about the information that I am asking you about or the information that we are discussing, please let me know and I will try my best to assist you. Do you have any questions or concerns so far? I understand that prior to meeting with me, you completed a release of information for DCF, FFN, WISE, Shelter House, and Guardian Ad Litem. These are limited releases of information. However, they allow me to communicate specific information to these agencies.

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### DURING THE ASSESSMENT

For instance, I will disclose that you completed this assessment and the treatment recommendations. During treatment, this allows the provider to communicate your treatment progress and attendance to your case worker. As a general rule, I make my best effort to limit the details of what we discuss. If at any point, you feel uncomfortable about sharing specific types of information, please let me know. With this in mind, I want to reassure you that you are protected by HIPAA and confidentiality laws. However, there are several limits of confidentiality that I must discuss with you before we begin.

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### DURING THE ASSESSMENT

If you report abuse or neglect of child or a vulnerable adult or if there is suspicion of child abuse or neglect, that information must be reported and is mandated by law. The second limit to confidentiality is if there is a clear and immediate probability or threat of physical harm to yourself and others, I have a duty to protect and ensure your safety and the safety of others. Do you have any questions about confidentiality?

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## DURING THE ASSESSMENT

### Establishing rapport and building trust (“Setting the stage”)

- Provide additional reassurance to the woman by stating before we begin, “Do you have any questions or concerns? What are you going to do if you have questions or feel overwhelmed during this interview?”

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## DURING THE ASSESSMENT

- This method appears to reduce some initial feelings of anxiety that the woman may have experienced. It also communicates some degree of reassurance and collaboration with the woman. It lets her know that feeling overwhelmed or nervous is okay, and I am trying to let her feel in control of what she discloses.

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## DURING THE ASSESSMENT

### Identifying Strengths and Abilities (SAMHSA, 2015)

- **Try identifying strengths and abilities at the very beginning of the interview.**
  - Why? This somewhat catches the woman off-guard, but it is extremely helpful in establishing rapport and building trust. This takes the assessment in a different direction by becoming more strengths-based and solution-focused rather than problem-focused.



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## DURING THE ASSESSMENT

### Identifying Strengths and Abilities (SAMHSA, 2015)

- Examples of questions that identify strengths
  - What are some things that you are good at?
  
  - What would you consider to be some of your personal strengths?

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### DURING THE ASSESSMENT

- Can you tell me about times in your life when things were going really well for you? What do you think that you were doing to make things well in your life?
  
- What are some challenges that you have faced in your life? How have you been able to overcome those challenges in the past?

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### DURING THE ASSESSMENT

- For some women, identifying strengths is difficult especially when they have identified their strengths as being a caregiver or a mother. This sense of self may feel lost to her when her children are removed (SAMHSA, 2015).
  
- Identifying strengths also assists in examining how the woman views or perceives herself. It gives the clinician insight into the woman's self-worth/self-esteem.

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## DURING THE ASSESSMENT

- This may also be a good opportunity to examine her perception of the presenting problem. Some questions may include: “What brought you here today?” or “How to did you become involved with DCF?” “What do you hope to accomplish today?” “How do you feel about treatment?” “What type of treatment are you interested in receiving?” “What do you think you would benefit from?”

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## DURING THE ASSESSMENT

### Evaluating Substance Use

- Identify the substances that she currently or recently used. Identify the age of initiation, method of ingestion, typical consumption amount, frequency of use, and date of last use (SAMHSA, 2015).

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### DURING THE ASSESSMENT

- Some women may choose to deny any recent or current substance use or involvement. Discuss with her the urinalysis (UA) results and concerns that were presented by the referral source. Present facts, but present the facts in a non-confrontational manner. If she continues to deny substance use, I always discuss some of the goals of the case plan and why DCF is involved. I try to avoid confrontation with women as it often leads to increased defensiveness. Ambivalence towards substance use and change in general is normal (SAMHSA, 2013).

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### DURING THE ASSESSMENT

- Remember that the assessment is an ongoing process that will extend into treatment. Although the woman may not share during the assessment the full extent of her involvement with substances, she may disclose more during treatment.

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## DURING THE ASSESSMENT

### Evaluating Substance Use

- In all cases, it is important to screen for withdrawal symptoms. Such symptoms experienced during pregnancy may place the client at greater risk. Opioid withdrawal during pregnancy brings significant medical risks including premature labor and fetal mortality (SAMHSA, 2015). As a result, pregnant women should always consult with a physician when deciding to discontinue using substances.

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## DURING THE ASSESSMENT

- Opioids, sedative-hypnotics, benzodiazepines, and severe, chronic use of alcohol are more likely to require medical intervention for detoxification.
- Attempt to identify who first introduced her to drugs and alcohol, reasons for her first use/initiation of use, and reasons for her continued use. These provide useful information about her relationships and the nature of relationships. Discuss her significant relationships/romantic relationships and ask how substance use occurs within the dynamics of those relationships.

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## DURING THE ASSESSMENT

### ➤ **Format to use when examining multiple substances**

- Substance name: age of first use: XX; age or date of last use: XX; frequency of use: XX; method of ingestion: XX; estimated average consumption amount: XX; highest amount used: XX; description of current use: XX; longest cessation period: XX.
- Evaluate and assess the client through actively engaging the client in a conversation. Avoid just asking assessment questions or checking off boxes. Be an active observer and let women tell their stories.

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## DURING THE ASSESSMENT

### Case Illustration/Example: “Sara”



**Tell me about your first experience with drugs:** Based on information provided by “Sara” (not her real name or picture): she was first introduced to substances by her biological mother. Sara’s mother gave her cocaine when she was 16-years-old and had physical pain. Her mother told her that cocaine would make her mouth numb.

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**DURING THE ASSESSMENT**  
**Case Illustration/Example**



**After using cocaine for the first time, how would you describe your pattern or involvement with substances?**

She reported the following. Her use of cocaine became a weekly habit that she engaged in with her mother. Sara used cocaine whenever her mother had it available. Sara discontinued using cocaine when her mother went to jail. She has not used any cocaine since adolescence.

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**DURING THE ASSESSMENT**  
**Case Illustration/Example:**



**Recently, what substances have you used or been involved with?**

Sara reported recent use of amphetamine or amphetamine-related substances. Sara first used methamphetamine at age 22 after her sister's release from jail. Methamphetamines were free, easily available, and made her feel better. She feels "disgusted with herself" for trying methamphetamines.

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**DURING THE ASSESSMENT****Case Illustration/Example:**

Sara said that her last methamphetamine use was September, 2015. But, urinalysis indicated she was positive for methamphetamines and amphetamines at the time of her daughter's subsequent birth. Sara also reported first using Adderall and Phentermine around age 25 to reduce her methamphetamine cravings. She estimated using about 25 mgs. of Adderall every 3 to 5 five days. Sara reported using Phentermine when Adderall is not available. Sara said she obtained Adderall through "friends at work".

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**DURING THE ASSESSMENT****Case Illustration/Example:**

- Sara reported making several attempts to discontinue her use of amphetamine-type or amphetamine-related substances but was unsuccessful in doing so. Sara says her longest amount of "dry time" was about 2 years.
- Sara denied ever receiving substance abuse services.
- Sara acknowledged a significant family history of substance use and said that beginning in early childhood, she was exposed to and involved with substances.

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## DURING THE ASSESSMENT

### Evaluating Behavioral Health/Mental Health History

- Based on information provided through SAMHSA (2015), all women entering substance abuse treatment should be screened for co-occurring disorders. Because symptoms of withdrawal and intoxication may mimic or exacerbate symptoms associated with mental health disorders, the assessment of co-occurring disorders should be an ongoing process during treatment.

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## DURING THE ASSESSMENT

- Ask questions about past or present mental health symptoms and diagnoses. Ask about duration of symptoms, whether symptoms are persisting, and also inquire about women's treatment histories.

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## DURING THE ASSESSMENT

**Evaluating Behavioral Health/Mental Health History: Case Illustration/Example: “Jane” (not her real name or picture).**



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## DURING THE ASSESSMENT

**Case Illustration/Example**



- **Have you ever received psychiatric or mental health treatment for symptoms? What were you treated for? What type of treatment did you engage in?**

Jane reported the following. She first received services and medication management through a Community Mental Health Facility around 2000. She was then diagnosed with “severe depression and anxiety.” Jane was prescribed Paxil, which was extremely helpful in reducing and alleviating symptoms of depression and anxiety. She received medication management services until 2003 and discontinued using Paxil.

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## DURING THE ASSESSMENT



### Case Illustration/Example

- **What does anxiety look or feel like, what type of thoughts do you experience that are anxiety provoking?**
- Dizziness, fainting, difficulty and trouble breathing, chest pain, sweating, and feeling flushed.
- **How often do you experience these symptoms?**
- Panic attacks 3 to 5 times per month, usually in public or social settings. The symptoms emerge out of nowhere and last 15 to 20 minutes.

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## DURING THE ASSESSMENT



### Case Illustration/Example

- **How do you currently manage or cope with symptoms?**
- Jane can reduce or eliminate symptoms by sitting or lying down at the beginning of a panic attack and focusing on her breathing.

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## DURING THE ASSESSMENT

### Evaluating Trauma

- Trauma-informed means being aware of the past and present abuse or trauma that women have experienced over their lifetime. We need to be able to assess trauma, monitor it, and know about the significant impact that trauma has on the lives of the women we serve.

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## DURING THE ASSESSMENT

- Clinicians may want to start with using brief screening questions to determine whether women have experienced or been exposed to any traumatic events. This is consistent with recommendations made through SAMHSA (2015) about evaluating and examining trauma in women.

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## DURING THE ASSESSMENT

### Evaluating Trauma

- In evaluating trauma, it is important to begin the process in a slow, general, and gradual manner. Overwhelming women in the interview or assessment process can be dangerous and may result in their feeling overwhelmed or like the event is re-occurring. You also do not want to encourage or reinforce avoidance associated with discussing trauma-related events (SAMHSA, 2013).

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## DURING THE ASSESSMENT

- Women may be at risk for disclosing too much too soon. This could result in their feeling guilt, shame, and embarrassment after leaving the interview. Before women disclose too much information, you want them to have adequate coping skills, safe behaviors, and trusting relationships in place. Pacing and timing are necessary and needed.

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## DURING THE ASSESSMENT

### Evaluating Trauma

- My aim is not to collect all the details of the traumatic events or for the women to present all the details of the traumatic events during the assessment.
- My goal is to screen for traumatic events and determine whether PTSD or trauma-related symptoms are present. I want the women to feel like they are in control of what they disclose.

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## DURING THE ASSESSMENT

### SCREENING QUESTIONS:

- Have you ever experienced, witnessed, or been exposed to any of the following? Child physical abuse, child sexual abuse, child neglect, domestic violence, violent or abusive events or relationships as an adult, sexual violence such as rape?

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## DURING THE ASSESSMENT

### SCREENING QUESTIONS:

- Have you ever experienced, witnessed, or been exposed to events or situations in which you felt like your life or someone else's life was in danger?
- Have you ever experienced, witnessed, or been exposed to any other events or situations in which you have felt horror or extreme fear?

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## DURING THE ASSESSMENT

### Evaluating Trauma

- Monitor her response. If at any point you notice a change in her affect or if she appears to become upset, redirect the questions and provide support and reassurance.
- According to SAMHSA (2015), brief screening is important because it establishes past or present traumatic events and begins identification of PTSD-related symptoms.

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## DURING THE ASSESSMENT

### Evaluating Trauma

- Although you may not be able to gather all the information needed to make a conclusive diagnosis, you have gathered some basic information that can be further explored during treatment.

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## DURING THE ASSESSMENT

- Remember, the assessment is always ongoing and the treatment plan can always be changed to meet the woman's needs.
- Also, consider how and when the questions are asked, during the interview. I usually ask the questions before I begin exploring family of origin, family history, and relationships.

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## DURING THE ASSESSMENT

### Evaluating Trauma and Sexual Abuse Among Women

- As mentioned previously, research reported by SAMHSA (2015) found high rates of sexual abuse among women entering treatment for substance abuse.
- Many women are reluctant or unwilling to disclose past histories of sexual abuse at screening/intake. This may be related to their perception of “normal.” Prior to treatment, they may not have perceived their relationships as abusive.

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## DURING THE ASSESSMENT

- A woman’s exposure to childhood sexual abuse and other traumatic events may need to be explored further during the treatment process after the woman has established trust with her therapist. This further supports the importance of an ongoing assessment (SAMHSA, 2015).

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## DURING THE ASSESSMENT

### Evaluating Family

- Although the role of the family may serve as a protective factor among women with substance abuse problems, drug use within the context of the family of origin may serve as a risk factor associated with the development of substance abuse and/or dependence among women (SAMHSA, 2015).

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## DURING THE ASSESSMENT

- Family relationships in childhood serve as models for women's future relationships. Adult relationships of women with substance use problems may model what they experienced as children (SAMHSA, 2015). Thus, it is important to examine both the family of origin and current partner relationships as they relate to the woman's family and her children.

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## DURING THE ASSESSMENT

### Evaluating Family

Questions to assess the woman's family relationships and the role of her extended family:

- While growing up, how would you describe your family?
- Who raised you or whom did you identify as your primary caregiver?

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## DURING THE ASSESSMENT

- Tell me about your siblings and your relationships with your siblings.
- During your childhood, what were some strengths of your family?
- What were some of the challenges within your family?
- Was DCF ever involved with your family during your childhood?

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### DURING THE ASSESSMENT

- Did you ever witness or were you ever exposed to abuse or neglect within the context of your family?
- Did you ever witness abuse or neglect within the context of the family? Did you ever witness your parents or caregivers verbally or physically fighting while you were growing up?
- Does your family still reside in the local area?

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### DURING THE ASSESSMENT

- What is your relationship like with your parents and/or caregivers now?
- What are about relationship with your siblings?
- Where or when did you feel safe while growing up?
- Where and when do you feel safe now?

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### DURING THE ASSESSMENT

#### Evaluating Family

Questions to assess the client's family relationships and the role of the extended family cont.:

- Tell me a little bit about your relationship with your current partner or your husband.
- How long have you been married or in a relationship with your current partner?

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### DURING THE ASSESSMENT

- How would you describe your relationship with your current partner?
- Have you ever used substances with your current partner or been in relationships in the past in which you used substances with your partner?
- How often do you typically stay in a relationship with a partner?

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### DURING THE ASSESSMENT

- Have you or your partner ever become physically violent towards one another?
- How would you describe your current interactions with your partner?
- What are strengths within your relationship with your partner?
- What challenges or barriers have you and partner experienced together and how have you dealt with or overcome those challenges?

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### DURING THE ASSESSMENT

Understanding the nature of the woman's current and past relationships is important in understanding the interaction between her substance use and involvement with substances.

90

## DURING THE ASSESSMENT

### Evaluating Family

- Family relationships that are characterized by substance use or in which substance use is or was a central theme/dynamic may reinforce and enable the woman's continued use and abuse of substances (SAMHSA, 2015).

91

## DURING THE ASSESSMENT

- As mentioned previously, women are more likely to be introduced to drugs and alcohol through partners, spouses, and family members (SAMHSA, 2015). Additionally, women also are more likely to have partners who use substances. According to Najavits (2002), women have tendency to model addiction patterns of their partners/significant others.

92

## DURING THE ASSESSMENT

- In families in which substance use and abuse or neglect were not common themes, the family could be used as a strength and a protective factor for the woman who is being treated. Improved substance abuse treatment outcomes have been found among women with strong social support systems (SAMHSA, 2015).

93

## DURING THE ASSESSMENT

### Evaluating Pregnant Women

- In assessing and evaluating pregnant women, special attention and care should be given. Routine drug and alcohol screening for pregnant women is recommended (SAMHSA, 2015). It is recommended that clinicians provide care coordination with primary care physicians and OB/GYN/healthcare providers.

94

## DURING THE ASSESSMENT

- SAMHSA (2015) indicates that face to face interviewing is not always successful in evaluating pregnant women's substance use patterns. SAMHSA suggests using the TWEAK Questionnaire, T-ACE Questionnaire, and the Prenatal Substance Abuse Screen (5Ps).

Chang, Grace, Alcohol-Screening Instruments for Pregnant Women, National Institute on Alcohol Abuse and Alcoholism.

95

## DURING THE ASSESSMENT

- In a qualitative study examining women who were recently pregnant and used drugs or alcohol during pregnancy, Stone (2015) found that when compared to women using illicit drugs, women who used alcohol and tobacco were less fearful of being detected by medical professionals. They also were less likely to report their alcohol and tobacco use than were women using illicit drugs. Furthermore, women who were more fearful of the potential consequences associated with substance use were somewhat more open and honest with healthcare providers regarding their substance use. Due to fear of detection, others denied their pregnancies, isolated themselves, and admitted to skipping or delaying prenatal appointments/care.

96

## DURING THE ASSESSMENT

### Evaluating Parenting and Parental Roles

- A history of child abuse and trauma can result in parenting problems. Parents with substance use disorders often use inconsistent child rearing practices (Werner, Young, Dennis, and Amatetti, 2007).
- SAMHSA (2015) suggests evaluating child safety concerns.
  - What are the child safety issues that currently or were recently investigated by DCF? Is there a history of similar investigations/involvement with DCF?

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## DURING THE ASSESSMENT

- During the assessment, explore the various past and present caregiver roles that the woman played. Was she involved as a caregiver for her siblings? Is she caring for her spouse or significant other's children? Is she caring for aging family members?

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## **DURING THE ASSESSMENT**

### **Evaluating Parenting and Parental Roles**

- Ask about parenting strengths: “You have talked a lot about your love for being a mom, what is it about being a mom that you love?” “As a mother, can you identify parental strengths?”
- Ask about parenting challenges: “What are some of the greatest challenges that you have faced as a parent?” “How did you overcome these challenges?”

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## **OBJECTIVE 3**

**HOW TO USE THE ASSESSMENT TO DEVELOP AND ESTABLISH TREATMENT PLANS AND TREATMENTS THAT EFFECTIVELY ADDRESS THE STRESSES, TRAUMAS, AND GOALS OF PARENTING AND PREGNANT WOMEN WHO ABUSE SUBSTANCES**

## IDENTIFYING AND OVERCOMING TREATMENT BARRIERS

- Women are faced with a number of interpersonal -- both individual and relational -- factors that serve as potential barriers associated with treatment (SAMHSA, 2015).
- A number of these barriers were discussed during the introduction to include women's roles as a caregiver, the impact of social relationships, and fear and guilt associated with substance use.

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## IDENTIFYING AND OVERCOMING TREATMENT BARRIERS

- Other barriers that have been identified include structural or programmatic barriers (e.g., residential programs typically do not allow mothers to bring children; outpatient programs rarely offer childcare), sociocultural barriers (e.g., women are often fearful that they will be perceived as "bad mothers" if they admit to a drug or alcohol problem), and systemic issues (e.g., lack of transportation to and from treatment or fear of legal consequences associated with disclosing substance use and/or substance use problems).

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## IDENTIFYING AND OVERCOMING TREATMENT BARRIERS

- Barriers can be identified during the assessment process or identification of these barriers may not occur until the client begins treatment.
- To overcome challenges/barriers and identifying effective treatment engagement strategies, SAMHSA (2015) suggests providing outreach services, comprehensive case management services, and pretreatment intervention groups.

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## IDENTIFYING AND OVERCOMING TREATMENT BARRIERS

- Outreach services (SAMHSA, 2015) assist women in identifying their most important needs, navigating and negotiating the human services or child welfare system, understanding resistances, and making/following through with commitments.
- This may include linking the women to child care services and identifying transportation resources that can help women to follow through with commitments/appointments.

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### **IDENTIFYING AND OVERCOMING TREATMENT BARRIERS**

- Pretreatment intervention groups often function as additional resources for women. Such groups provide information about treatment options and also provide personalized feedback about substance use (SAMHSA, 2015). Pretreatment intervention groups often are helpful in addressing and overcoming psychosocial barriers such as stigmas related to women's substance use.
- Depending on the needs of the women served, the intervention groups may be gender-specific or trauma-based.

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### **IDENTIFYING AND OVERCOMING TREATMENT BARRIERS**

- Pretreatment intervention groups may consist of services such as women-only groups, NA/AA meetings, pregnancy support groups, peer support groups, or parenting support groups.
- Pretreatment intervention can be used in conjunction with case management and outreach services as a way to establish a support system and motivate women toward behavioral change.

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## IDENTIFYING AND OVERCOMING TREATMENT BARRIERS

- Increased social support may reduce stigmas and foster hope. Such support also can increase women's opportunities for additional linkages to support services.
- Comprehensive Substance Abuse Case Management Services (SAMHSA, 2015) provides an array of services to women: outreach services, advocacy, identification of available resources, linkages to services, and treatment monitoring.

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## TREATMENT NEEDS OF WOMEN

- Relationships and social connections to others are important factors that have to be considered when addressing and treating substance use issues among women (SAMHSA, 2009).

108

## TREATMENT NEEDS OF WOMEN

- Treatment may need to address the negative impacts that important social relationships have had on women. One treatment approach may involve communication training, stress management, assertive skills training, and problem solving. Women who work toward mastering these skills may see overall improvements in their ability to initiate and maintain adaptive, healthy social relationships.

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## TREATMENT NEEDS OF WOMEN

- As women progress through treatment, the aim is that they will begin to develop appropriate relationships with others and will be able to reevaluate and replace negative, harmful relationships with healthy, adaptive relationships.

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### TREATMENT NEEDS OF WOMEN

- Partner relationships are additional issues that occur during the course of treatment. In deciding to work with a woman and her partner, consider the safety risks and the partner's willingness to engage in treatment. If the woman determines that the relationship is unsafe, services should not be provided.

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### TREATMENT NEEDS OF WOMEN

- Because of inconsistent parenting practices that are often associated with substance use, women involved with substance abuse treatment may benefit from treatments that address the parent-child relationship and help her to fully engage with the child. SAMHSA (2015) indicates that while the mother is learning how to parent, her children often need help in overcoming the effects of parental substance use. Referrals to community-based parenting programs are often not enough to address the needs of children.

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### TREATMENT NEEDS OF WOMEN

- Children may need treatment or additional support services to further address the mother's behavior as it has likely impacted the dynamics of the parent-child relationship.
- Consider play and expressive therapies that help children in acknowledging and expressing their feelings.
- Assessment and screening for developmental and learning delays as well as possible social problems may be necessary

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### TREATMENT NEEDS OF WOMEN

- Trauma-informed parenting assists mothers in: identifying triggers; learning and developing appropriate, healthy boundaries and discipline; and learning nurturing behaviors for effective parenting.

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## TRAUMA-RELATED CLINICAL ISSUES

**Psychoeducation**—educating women about the connection between substance abuse and trauma.

**Normalizing Symptoms**—Educating and discussing PTSD symptoms with women to normalize psychological and physiological experiences

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## TRAUMA-RELATED CLINICAL ISSUES

**Safety, support, and collaboration**—Developing a therapeutic alliance through creating a safe place where women can begin to learn to trust again.

**Monitoring levels of distress**—Counselors need to monitor their own levels of distress as well as the stress levels of the women they serve.

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## TRAUMA-RELATED CLINICAL ISSUES

- **Timing and Pacing**—Trauma issues are addressed when a woman is ready to address trauma and when she is functioning at a level where exploration of trauma is safe. The therapist's role is to assist the woman in identifying when she is becoming overwhelmed and how to slow down that process.

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## TRAUMA-RELATED CLINICAL ISSUES

- **Coping Skills**—In order to increase self-sufficiency and self-efficacy, women need to learn and utilize coping skills to manage their symptoms. The therapist's role is to include skill development in areas such as effective communication skills, anxiety management, and stress reduction.

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## TRAUMA-RELATED CLINICAL ISSUES

- Triggering and Traumatization—Triggering is unavoidable as it relates to trauma. The therapist and the women they serve must work together in identifying and coping with triggers.

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## EVIDENCE-BASED TREATMENT PROGRAMS/CURRICULUM

1. Seeking Safety (Najavits, 2002)
2. Helping Women Recover: A program for treating addiction (Covington, 2000)
3. Beyond Trauma: A Healing Journey for Women and A Healing Journey: A Workbook for Women (Covington, 2003)

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## Seeking Safety (Najavits, 2002)

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### EVIDENCE-BASED TREATMENT PROGRAMS/CURRICULUM

#### Seeking Safety (Najavits, 2002)

Treatment is based on five principles:

1. Safety is always a priority
2. Integrated treatment to address PTSD and substance abuse
3. A focus on ideals (e.g., honesty combats denial, lying, and false self)
4. Four content areas: cognitive, behavioral, interpersonal, and case management
5. Attention to therapeutic processes

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**Helping Women Recover: A program for treating addiction (Covington, 2000)**

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**EVIDENCE-BASED TREATMENT PROGRAMS/CURRICULUM**

**Helping Women Recover: A program for treating addiction (Covington, 2000)**

1. Integrates multiple theoretical models: theory of addiction, theory of psychological development of women, and theory of trauma.
2. Gender-responsive treatment with focus on four areas: self, relationships, sexuality, and spirituality.
3. Program includes a facilitator's guide to address issues of self-esteem, sexism, support system, mothering, self-soothing, and family of origin.

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**EVIDENCE-BASED TREATMENT  
PROGRAMS/CURRICULUM**

4. Program also includes “A Women’s Journal” with exercises that help the client create her own personal guide of recovery.
5. Designed for use in both community-based and criminal justice-based programs for women

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**Beyond Trauma: A Healing Journey for  
Women and A Healing Journey: A  
Workbook for Women (Covington, 2003)**

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## EVIDENCE-BASED TREATMENT PROGRAMS/CURRICULUM

### **Beyond Trauma: A Healing Journey for Women and A Healing Journey: A Workbook for Women (Covington, 2003)**

1. Designed to address the traumas that are prevalent among women. Includes a psychoeducational component teaching women about trauma: its impact on thoughts, feelings, beliefs, behavior, relationships to include parenting.
2. Program focuses on the development of coping skills, cognitive behavioral strategies, expressive arts.
3. Facilitator's manual, client workbook, and videos available.

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## ANY QUESTIONS OR CONCERNS?

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