

## The SAMHSA Women, Co-Occurring Disorders and Violence (WCDVS) – Children’s Subset Study

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## Presentation Overview

- Background and Overview
- Study Objectives
- Core Intervention Model
- Baseline Data/Child Characteristics
- Analytic Method and Technique
- Results
- Implications

## WCDVS Women’s Study Goal

The generation and application of empirical knowledge about the development of an integrated services approach for women with co-occurring substance use and mental health disorders who also have histories of violence

## Women’s Study - Primary Research Question

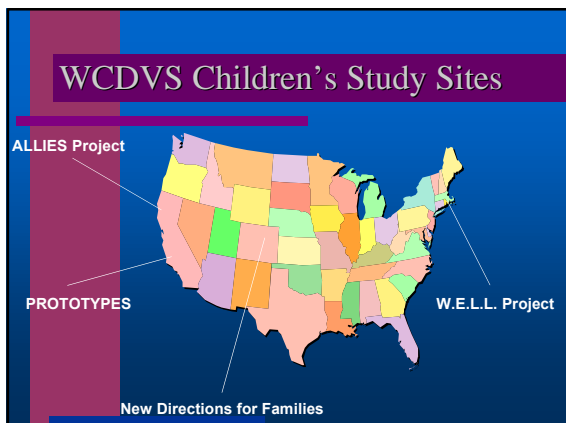
How effective are comprehensive, integrated, trauma-informed services in reducing subsequent signs and symptoms of trauma, mental illness, and substance abuse for the women enrolled in the WCDVS?

## Women’s Study Target Population

- Women with co-occurring mental health and substance abuse disorders and histories of violence
- High-end users of the existing service-delivery systems
- Recruited primarily from MH & SA treatment programs

## WCDVS Children’s Subset Study: Overview

- 4 of the 9 WCDVS women’s study sites chosen to participate
- Development and implementation of standardized, strengths-based intervention
- Outcome evaluation of children enrolled
- Interviews conducted with mothers/caregivers



### Children's Subset Study - Primary Goals

**For children of mothers with co-occurring mental health and substance use disorders and histories of violence:**

- Generate empirical knowledge about the effectiveness of trauma-informed, culturally relevant, and age-specific intervention models
- Identify models of care that will prevent or reduce the intergenerational perpetuation of violence

### Target Population

- Children, ages five to ten, of women enrolled in the WCDVS
- Target children must have weekly personal contact with the mother/caregiver enrolled in the WCDVS
- Only one child per family can be enrolled in the study

### Core Intervention Components

- Clinical Assessment – Mother & Child
- Resource/Service Coordination and Advocacy
- Skills-/Resiliency-Building Group

The Children's Study is Guided by the Following Core Values to which Children are Entitled

1. Having their voices heard
2. Being physically safe
3. Experiencing consistency
4. Having a sense of dignity & self-worth
5. Having control over their bodies
6. Receiving respect, understanding, compassion, & support
7. Having nurturing relationships with adults in their lives
8. Having confidentiality respected, except when issues of safety arise
9. Connecting to community & natural supports

### Children's Group Intervention

*\* Adapted from Groupwork With Children of Battered Women, Peled & Davis, Sage Publications, 1995*  
*Orientation – With mothers and children*

- Week 1: Getting to know each other/message: it's okay to feel & express feelings\*
- Week 2: What is abuse?
- Week 3: Anger
- Week 4: It's not always happy at my house
- Week 5: Sharing personal experience with violence

### Children's Group Intervention

- Week 6: Touch
- Week 7: Assertiveness
- Week 8: Safety (Protective) Planning
- Week 9: Review and good-bye
- Booster Session (1) – 30 days post – Review week 2 (abuse)
- Booster Session (2) – 60 days post – Review week 8 (safety planning)

### Children's Group Intervention: Key Session Elements

- Message of the week  
*Example: "Abuse & violence are not okay"*
- Check-in
- Feeling of the day:  
*Example: "Sad"*
- Activities & process
- Personal affirmation
- "Pass the squeeze"
- Snack
- Reward / reinforcement

### Children's Group Intervention: Major Group Goals

- To *"break the secret"* of abuse in their families
- To learn to protect themselves
- To experience the group as a positive and safe environment
- To strengthen their self-esteem

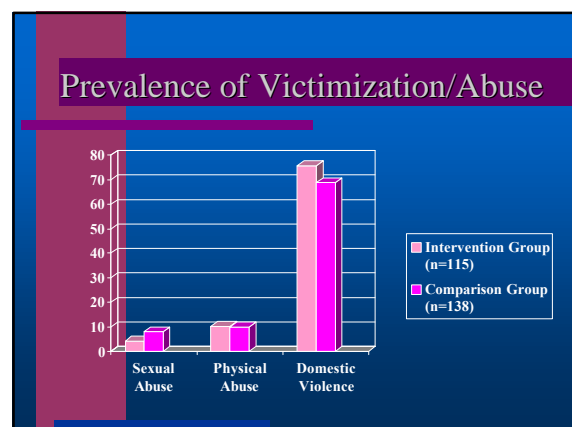
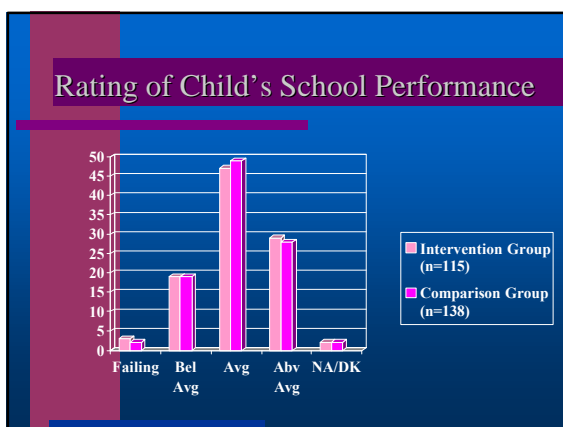
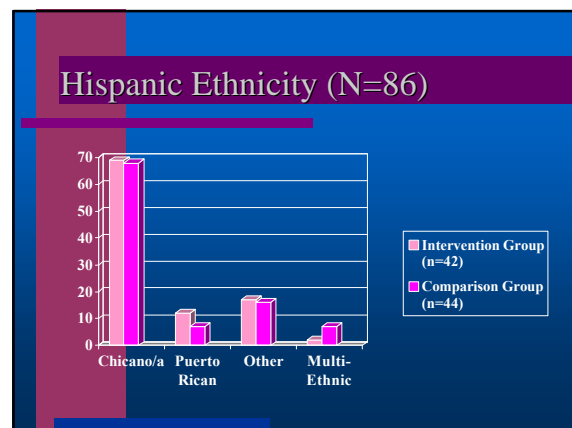
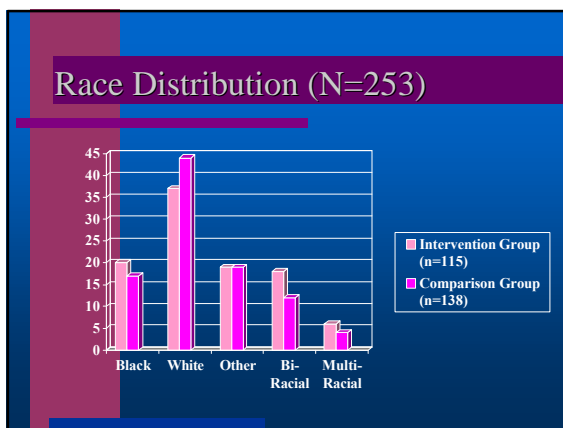
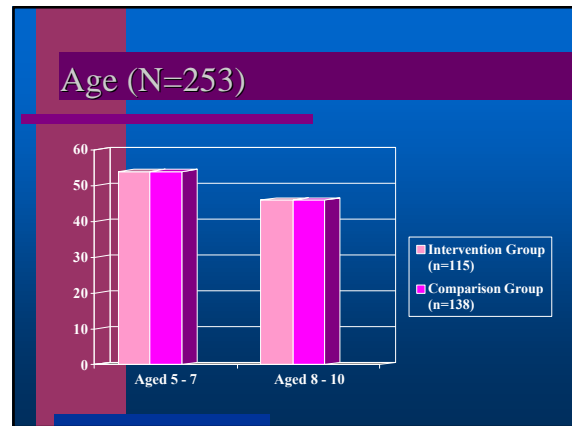
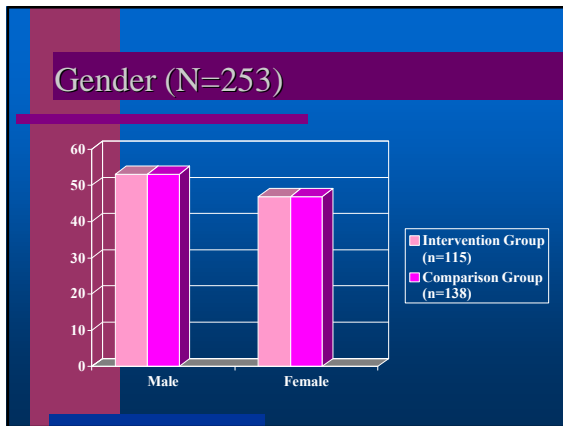
### Children's Subset Study: Primary Research Question

- Are trauma-informed, age-specific interventions for children more effective than usual care conditions in leading to increases in **safety, self-care, positive interpersonal relationships and self-identity?**

### Sample Overview

- N=253 at Baseline
- N=209 at 6 Months (82.6%)
- N=217 at 12 Months (85.8% Retention)
- N=195 (77.1%) Received Baseline, 6 Month and 12 Month Interviews
- Intervention and Comparison Groups are Statistically Equivalent on Demographic Characteristics Across Follow-Ups

### Baseline Characteristics of Children Enrolled in the Children's Study



### Analysis Plan

- **Difference Score Model**
  - Consistent with WCDVS Women's Study
- **Linear Regression Techniques**
  - Primary Outcomes
  - Secondary Outcomes

### Analysis Plan

#### Primary Outcome Variable

- **Behavioral & Emotional Rating Scale (BERS) Strength Quotient**  
(Epstein & Sharma, 1998)
- Imputed to Reduce Impact of Missing Data

### Analysis Plan

#### Secondary Outcome Variables

- **Measures of Interpersonal Relationships**
  - IS BERS Subscale – Tools for Improving Relationships
  - FI BERS Subscale – Family Involvement
  - AS BERS Subscale – Capacity for Closeness
- **Measure of Self-Identity**
  - IaS BERS Subscale – Positive Self-Identity
- **Measure of Safety Knowledge**
  - Child "knows what to do to keep himself/herself safe when he/she feels threatened by another person" (4 Point Scale)

### Analysis Plan

#### Covariates Used in All Analyses

- Child's Age
- Child's Gender
- Child's Race
- Site & Site by Treatment Interaction
- Mother's Outcomes (Composite Score)
- Experience of Violence in the Household
- Number of Days Since Mother's Baseline Interview

### Short-Term Effects (Six-Months Post-Baseline)

#### Primary Outcomes

- For children whose mothers have co-occurring substance abuse and mental health disorders and a history of interpersonal violence, **involvement in the standardized intervention leads to comparable, but not better, improvement than those receiving treatment-as-usual.**

### Short-Term Effects (Six-Months Post-Baseline)

#### Primary Outcomes

**Mothers' outcomes, however, do affect children's outcomes:**

- Children in treatment-as-usual whose mothers have negative outcomes do considerably worse than other children.
- Children whose mothers have positive outcomes do well regardless of treatment assignment.
- Children enrolled in the standardized intervention show general improvement regardless of mother's outcome.

Short-Term Effects (Six Months Post Baseline)

Secondary Outcomes

- Enrollment in the standardized intervention appears to lead to **improvements in positive interpersonal relationships, knowledge about safety and positive self-identity.**

Longer-Term Effects (Twelve-Months Post-Baseline)

Primary Outcome

- For children whose mothers have co-occurring substance abuse and mental health disorders and a history of interpersonal violence, **involvement in the standardized intervention leads to sustained improvement** as compared to those children receiving treatment-as-usual.

Longer-Term Effects (Twelve-Months Post-Baseline)

Primary Outcomes

- **Mothers' outcomes do not play a role in sustaining children's positive outcomes.**

Longer-Term Effects (Twelve-Months Post-Baseline)

Primary Outcomes

- Consistent with previous research, **younger children show more improvement than older children** regardless of treatment assignment, with children enrolled in the standardized intervention performing consistently better than those receiving treatment-as-usual across age groups.

Longer-Term Effects (Twelve-Months Post-Baseline)

Secondary Outcomes

- Enrollment in the standardized intervention also plays a role in sustaining **improvements** in positive interpersonal relationships, knowledge about safety and positive self-identity.
- Furthermore, **age also appears to play a role in sustaining improved positive self-identity and positive interpersonal relationships.**

Summary of Results

- In the **short-term** (six-months), the **mother's overall treatment outcome plays a stronger role** in children's outcomes than does involvement in the experimental intervention.
- In the **longer-term** (twelve-months), participation in the **experimental intervention leads to sustained positive improvement regardless of mother's outcome**, with younger children showing a greater degree of positive change than older children.

## Implications for Practice

- Integration of children's services into existing adult MH & SA treatment programs
- Prevention
  - Future MH, SA, Intergenerational violence
- Early Intervention
- Importance of Concurrent Services (Mother & Child)
- Systems Collaboration
- Funding