



What Works for  
**Children's  
Social Care**



# PRE-BIRTH SUBSTANCE MISUSE PROGRAMMES

**EMMIE Summary**





# What Works for Children's Social Care

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## This evidence summary is based on the following systematic review

Niccols, A., Milligan, K., Sword, W., Thabane, L., Henderson, J. and Smith, A. (2012) Integrated programs for mothers with substance abuse issues: A systematic review of studies reporting on parenting outcomes. *Harm Reduction Journal* 9(14) pp 1-11

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## About What Works for Children's Social Care

What Works for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care sector. We

generate, collate and make accessible the best evidence for practitioners, policy makers and practice leaders to improve children's social care and the outcomes it generates for children and families.

## About CASCADE

The Children's Social Care Research and Development Centre (CASCADE) at Cardiff University is concerned with all aspects of community responses to social need in children and families, including family support services,

children in need services, child protection, looked after children and adoption. It is the only centre of its kind in Wales and has strong links with policy and practice.

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# Pre-birth substance misuse programmes

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## What is the intervention?

There is increasing awareness of the gendered effects of substance misuse. The unique risk factors and presenting needs of women have led to the development of treatment models specifically tailored to their needs. Women who misuse substances often have high levels of co-morbid psychopathology and personality problems, histories of physical or sexual abuse, relationship problems such as domestic abuse and a lack of social support (Niccols et al, 2012). In addition to these gender-specific needs, women may also have needs specific to their role as mothers. Women who misuse substances are at risk of deficits in their skills and knowledge of parenting. Parenting may also be compromised by the primacy of addiction in their capacity to parent. Further, women may find it difficult accessing services due to fear of losing their children.

Integrated treatment programmes are aimed at improving outcomes for mothers and their children by combining addiction services with pre-natal, parenting and child-related services in a centralised 'one-stop' setting. In doing so, they aim to break the intergenerational cycle of addiction. As part of a larger study, Niccols and colleagues undertook a systematic review to examine whether integrated programmes were more effective at improving parenting outcomes than treatment as usual for substance misuse. Of the 122 studies found in the literature review for the main study, only 31 studies included parenting outcomes and of these, four studies were randomised controlled trials.

This systematic review reports findings from the four randomised controlled trials. Of these, three studies reported findings as to whether integrated treatment programmes were more effective than treatment as usual on parenting outcomes. Two of the three studies examined Relational Psychotherapy Mothers' Groups (Luthar, Suchman and Altomare, 2007; Luthar and Suchman, 2000) and one study examined the Washington State MOMs Project (Huber, 1999). One study reported findings as to whether some integrated programme characteristics were more associated with improved parenting outcomes than others.



## How strong is the evidence?

Using the Jadad Scale (Moher, Jadad and Tugwell, 1996), the quality of evidence for the four randomised controlled studies was rated by the review authors as very low to moderate. They report that it was not possible to determine whether these ratings were due to study design or limitations in reporting. The included studies lacked detailed information regarding implementation, methods, randomisation, and dropout rates. There was a lack of double blinding, with participants aware of which treatment condition they had been allocated. Further, the studies had small sample sizes and included a limited number of parenting outcomes.



Finally, the review authors state that of the 122 studies identified through the main literature review, only 31 studies included parenting outcomes, even though improved parenting is often stated as the desired outcome of such programmes. Of the 31 studies, 24 were cohort studies, three were quasi-experimental studies and four were randomised controlled studies. Niccols and colleagues also highlight that none of the four randomised control trials compared outcomes on parenting attitudes or knowledge between those on integrated and non-integrated programmes.

## Which outcomes were studied?

- Improved parenting outcomes

## Effectiveness: how effective is the intervention examined?

### Outcome 1: Improved parenting outcomes

Effect rating	1	
Strength of Evidence rating	1	

Mixed findings emerged for the Relational Psychotherapy Mothers' Group. In one study (Luthar and Suchman, 2000) women in the integrated treatment programme group had significantly more improved affective interaction scores than those in the treatment as usual groups at the end of the treatment. This was not significant at the six-month follow up. While there was a trend toward more decreased child abuse risk and



improved parenting satisfaction, this was not significant at the end of the treatment or at six-month follow up. In a later study by the same authors (Luthar et al., 2007) with a different sample, significant improvements in affective interaction, parental satisfaction and decreased child abuse risk scores were found immediately after treatment and six months later.

No differences were found between groups for the Washington State MOMs Project (Huber, 1999). While no statistics were reported, Huber (1999) reported that Children's Services involvement increased following the intervention for an integrated residential programme, an integrated outpatients programme and treatment as usual.

As only one study reported findings as to whether some integrated programme characteristics are more associated with improved parenting outcomes than others, these findings should be treated with caution. This randomised controlled trial examined the Mother and Toddlers Programme and reported findings in two papers from the same authors (Suchman et al., 2010, 2011). Small improvements were reported for attachment-based parenting. At the end of the treatment programme, significantly improved scores were found for reflective functioning and caregiving behaviours. However, these differences between groups were no longer statistically significant at six months follow up.

## **Other interventions**

Whilst not considered in detail, Niccols and colleagues report that examination of the parenting effect sizes among all 31 studies suggests that residential interventions are more effective than outpatient interventions, and that a focus on maternal mental health may improve outcomes. However, these findings must be treated with caution as most of these studies did not include a control group on which to determine whether the outcomes were better for the integrated treatment group as compared to treatment as usual.

## **Mechanisms: how does it work?**

The Relational Psychotherapy Mothers' Group adopted gender sensitive perspectives on women, and in doing so the therapist, psychologist and drug counsellor were all female. The intervention is based on forming a therapeutic alliance based on the Rogerian constructs of acceptance, empathy and genuineness and involves both individual and group psychotherapy. This non-directive approach is aimed at enabling



women to consider the strengths and limitations of their current parenting approaches and the development of more optimal approaches. Underlying this approach is acknowledgment of the women's motivation to change and their capacity to make these changes.

The Washington State MOMs Project adopted a philosophy of recovery framework using a multidisciplinary team. In doing so women were encouraged to restructure their poor behaviours and practice positive interactions in a safe, non-judgmental environment. Women were also encouraged to acknowledge their defence mechanisms so that they would identify relapse symptoms and prevent further destructive behaviours.

### **Moderators: When, where and who does it work for?**

The average age of women was from 29 to 36 years. The ethnicity profile of women participating in interventions varied across the four studies. Most women were single parents and most had experienced trauma, had mental problems and were unemployed (Niccols et al, 2012). Most programmes were from three to twelve months in duration and all reported low retention rates. One study (Luthar and Suchman, 2000) reimbursed participants for their continued attendance which may have affected the retention rate.

The Relational Psychotherapy Mothers' Group included pregnant women and those with children up to sixteen years of age. Women accessed the intervention in outpatient settings. For the Washington State MOMs Project, women were recruited in their second or third trimester of pregnancy. Over half of the women had previous Children's Services involvement and around 79% had been in prison. Many of the women identified as homeless. Most women self-referred to this intervention and were assigned to either a residential or outpatient setting.

### **Implementation: How do you do it?**

The Relational Psychotherapy Mothers' Group was delivered in group sessions over 24 weeks. The first twelve sessions focused on addressing the mother's emotional vulnerabilities while the second set of twelve sessions targeted specific parenting issues. In addition to the intervention, women received treatment as usual which consisted of addiction counselling, methadone treatment and case management which included assistance with housing, benefits and legal aid.



The Washington State MOMs Project was part of a six-year research and demonstration project, based on the notion that providing addiction treatment during pregnancy would result in improved child development outcomes. The integrated programme consisted of prenatal care, maternal mental health, and parenting education and support. This intervention was offered in either a residential or out-patient setting.

### **Economics: What are the costs and benefits?**

No economic analysis was included in the study.

### **What are the strengths and limitations of the review?**

Niccols and colleagues report that this is the first systematic review which examines the effectiveness of integrated programmes on parenting. A comprehensive review was undertaken which included bibliographic database searches and a search of grey literature; all identified researchers were contacted to request any further published or unpublished data. Data were extracted using a code book devised by the authors and study quality was assessed using the Jadad Scale, which is used in some medical literature. However, the review highlights that whilst 122 studies were identified regarding interventions for parents with substance abuse issues, few of these (n=31) included data regarding parenting outcomes. Of these, most (n=24) were cohort studies, which did not include comparison of the intervention to treatment-as-usual. Hence, this review has highlighted the scarcity of randomised controlled trials of interventions for mothers with substance misuse that include measures of parenting outcomes. Additionally, the quality of the studies included within this review was deemed to be very low to moderate, with small samples and high drop-out rates. It should be noted, however, that these issues are often found in research on, and treatment in, substance misuse more generally.

The review suggests that integrated programmes are associated with improvements in parenting skills. However, the review authors conclude that more robust research is needed that compares outcomes from integrated programmes with treatment as usual.



## Summary of key points

- There is mixed evidence for integrated programmes aimed at mothers with substance misuse issues which combine addiction services with pre-natal, parenting and child-related services in a centralised 'one-stop' setting.
- There is limited consideration of parenting outcomes in research with mothers who have substance misuse issues.
- Further research is needed with larger sample sizes and comparison groups in order to examine the effectiveness of integrated programmes on improving the outcomes for mothers and their children.





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