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Public Health Nurse Interventions for Women in Dependency Drug Court

PHN Interventions for Women (running head)

Key words
dependency drug court
self-efficacy
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Abstract

There are an increasing number of children placed into foster care due to abuse and neglect. Parents of these children often have difficult drug abuse problems leading to the removal of their children. The cost of caring for these children is staggering reaching billions dollars. One program in Santa Clara County that has been created to assist parents is dependency drug court. This court utilizes many disciplines including nursing in its efforts to stabilize and reunify the children. Previous research has shown that home visitations by the public health nurse using interventions based on support of the family has aided in the decrease of child abuse This research utilized qualitative and quantitative data to understand the perceived needs of women who have graduated from this dependency drug court and what they think the public health nurse could do to intervene in the difficult process of going through dependency drug court, and reunifying with their children.

Public Health Nurse Interventions for Women in Dependency Drug Court

Drug courts provide a recent approach to the pervasive, seemingly intractable problem of children neglected or abused due to drugs. These courts evolved as a way to help parents, especially women, who have lost custody of their children due to drug abuse and neglect to get sober and reunify with their children. A report from the Office of Justice Programs (1998) states that the perceived need was so great that “many jurisdictions embraced drug courts before their effectiveness could be demonstrated empirically”. In order for these women to resume custody they have to satisfy criminal courts and juvenile dependency courts.

In this Northern California County, dependency drug courts were created to decriminalize the drug problem and to surround the women with the support needed to become clean and sober, and to learn to properly care for their children. In dependency drug court the women have social workers, defense attorneys, drug counselors, housing authority representatives, mental health workers, the children’s attorney, a public health nurse, and not least of all, the judge. All these professionals are there to help find solutions to the many and varied problems the women face. This court also interfaces with the criminal courts that these women are involved in. Women are the most frequent recipient of dependency drug court services although men are also served. The hope is that given these services, all parents will be reunited with their children.

When abused or neglected children cannot remain safely in their home the children are placed in out-of-home care or “foster care”. In this Northern California County, there are approximately 3000 children in out-of-home placements (U.S. Dept. of Health and Human Services, 2000). The federal government estimated the annual cost of child abuse and neglect to total 24 billion dollars. This staggering figure represent direct costs including hospitalization, chronic health problems, mental health care system, child welfare system, law enforcement, and judicial system. This figure is augmented by the indirect costs which have a bigger impact on society. These indirect costs, which amount to 69 billion dollars, include special education, mental health and health care, juvenile delinquency, lost productivity to society, and adult criminality (Fromm, 2001). The 2001-02 California Governor’s Budget proposes expenditures totaling \$1.6 billion from all funds for foster care payment (Health & Social Services, 2001). For financial as well as humane reasons, these children should be reunited as soon as safely possible with their families.

In addition to financial costs, children in the foster care system due to parental drug use have emotional trauma because of separation from their families, and endure further stress in attempting to form bonds with their foster parents. About 30% of children in foster care have significant emotional, behavioral, or developmental problems (American Academy of Child and Adolescent Psychiatry, 2002). The American Academy of Pediatrics (2000)

stressed the importance of early brain growth, and the association of stability in the child's early life to ensure the establishment of positive personality traits, ability to learn, and to establish coping mechanisms for stress. Emphasis was also placed on the need for continuity in the first 3 to 4 years of a child's life to promote healthy attachments to develop psychologically healthy human adults. Parents and children in the foster care system have missed the opportunities to form strong emotional bonds with each other. The public health nurse can help these parents and children reattach to form healthy bonds in an effort to stop the cycle of abuse. The research purpose for this project is to determine the perceived needs of selected families in the dependency drug court process in regards to the reunification of their children and identify how the public health nurse can intervene to facilitate reunification as quickly and safely as possible with these at risk families.

Literature Review

David Olds and colleagues have described how home visitations by nurses can positively affect high risk families (Olds, D., Kirzman, H., Cole, R., & Robinson, J. 1997; Olds, D., 2002). These studies describe the roles that self-efficacy, human attachment, and human ecology have played in the improved outcomes. Families directly benefited from nurses who established trust, and then assisted parents to improve their parenting skills. In the process the parents

developed increased self-esteem, and this awareness improved their ability to resist self-defeating behaviors.

The benefits of assessment for mothers who have drug exposed infants and children included early intervention by home visiting nurses to positively affect the long term outcome of these infants by increasing the mothers' understanding of basic parenting and appropriate infant development (Butz, Lears & O'Neil, 1998; Olds, Henderson, Chamberlin, & Tatelbaum, 1986). These researchers assumed that when parents are provided with knowledge, skills, and support, they can more effectively and positively respond to their children. The final recommendation included a home visiting nurse as an integral part of the hospital discharge plan for families of any drug exposed infant.

The ineffectiveness of drug treatment programs for women addicted to alcohol and other drugs has been described in an article written from a feminist perspective. Tiedje and Starn (1996) assert that girls' moral social development and women's self-concepts are grounded in experiences of connectedness to others. Women's relationships that fail or are dysfunctional lead to decreased self-esteem, greater depression, and more drug use. Treatment approaches based on this perspective are framed in the context of women's relationships and equip women with skills needed for managing and maintaining healthy relationships.

Whether the intervention is based on feminist perspective or not, a therapeutic relationship between the family and the nurse is essential for change

(Forchuk & Dorsay, 1995). The nurse needs to utilize reflection as a key piece of the intervention in order to help the family identify areas of weakness as well as strength. This possibility of the nurse affecting positive change within a family takes time to develop since it is based on trust. Building therapeutic relationships requires keeping the whole family, the community network and the health care team in perspective. From a systems perspective, it is important to understand how the community surrounding the family can support or hinder effective rebuilding of the family. The goal of this perspective is to help the family identify solutions and find the areas of strength in their community and family to meet the challenge.

When families were asked to identify what interventions make a difference (Robinson & Wright, 1995), the response clearly includes the positive effect the nurse had by listening and engaging in meaningful conversation. According to these authors, the families were positively affected by being asked the right question to help stimulate them in the problem solving process. A nonjudgmental attitude coupled with genuine compassion and empathy was considered essential to developing a therapeutic relationship. The second stage in positive interventions as identified by families was the “moving beyond being mired in trouble” (Robinson & Wright, 1995, pg. 330) and overcoming problems. The nurse and family collaborated to find solutions and then together put the problem to rest. The family was enabled to move on with a more positive outlook

and was challenged by the nurse to understand they were capable of making positive change in their lives. The use of interviews and the nurse's judgment when evaluating high risk families rather than checklists or other non-personal tools was described by Appleton (1996). Empowerment and enabling families to make informed decisions was also identified as a positive intervention.

Conceptual Framework

The current model of Olds et al. (1997) uses human ecology theory which argues that a family is not alone in raising a child, but instead is influenced by the whole of society which surrounds the family. In the human ecology theory, emphasis is placed on how the parents' care of their infants is influenced by the network of support the parent has, whether that includes extended family support, social networks, neighborhoods, communities, or cultural influence.

Within this framework self-efficacy and attachment theory are critical aspects. Self-efficacy theory provides the framework for health related behavior and motivation for women and their care of their children. Self-efficacy is the belief that one has the strength and knowledge to succeed (Bastable, 1997). Bandura (as cited in Olds et al., 1997) identified four primary sources that affect self-efficacy expectations. They are performance accomplishments, vicarious experiences, verbal persuasion, and emotional arousal. The public health nurse who bases interventions on self-efficacy theory helps the parents develop a stronger view of their own ability to parent and reinforces positive steps taken by

the mothers and fathers to correct previous high risk behaviors. Building the family's confidence in their own belief that they are able to parent and be successful is considered the most influential aspect of self-efficacy because of the increased sense of mastery that is perceived with successes.

Attachment theory researched by Old et al. (1997) supports the growing body of evidence that indicates that the parent's responsiveness to their children is directly related to how they internalized their own childhood histories. The mother's experience as a child and her subsequent perspective of parenting affects her ability to bond with and parent her children. The attachment theory affected the home visitation programs by the nurses developing empathetic relationships with the mothers and helping the mothers and other caregivers review their own childrearing histories. Through these interventions nurses helped promote sensitive and responsive care-giving. Public health nurses associated with dependency drug court and working closely with families utilizing therapeutic relationships and trust building techniques as stated earlier might have a significant impact on how successful these families are in graduating from dependency drug court and reunifying with their children. This research aimed to understand how the families themselves perceived their needs while in dependency drug court.

Methodology

This study used quantitative and qualitative methods to determine

the mothers' perceptions of what public health nurse interactions could help these families with the difficult task of reunifying with their children. Data collection methods included a review of court files for quantitative background and court data, qualitative interviews with mentor moms in the dependency drug court system, and observations of actual dependency drug court sessions.

The quantitative data were gathered as the court files of families in dependency drug court were reviewed. Data were retrieved in an effort to discover the nature of the problems these parents in dependency drug court faced and what kind of support system was available to them. Quantitative data were collected from 50 dependency drug court files using an instrument created for this study. The dependency drug court files represented all parents in court in 2001 whose case was resolved. All court files were coded and only the numbers were entered into the data set for analysis. Only the researchers were able to link the names and files numbers. All court file coding was done in the Court Clerk's Office and only aggregate data were reported. Permission to review files was obtained from the dependency court judge. Quantitative data analysis included descriptive statistics.

Qualitative data were gathered using interview questions that asked for perspectives on support systems and health problems while in the dependency court system. The subjects of the interviews, four mentor moms, were women who have graduated from dependency drug court. This study used purposive

sampling. Individuals were selected based on the predefined criteria of dependency drug court graduation and active mentoring of other dependency drug court participants. The mentor moms volunteered to be interviewed at the court at their convenience and were interviewed as a group in one 2 ½ hour session in a room reserved for this purpose. Each participant signed a consent form explaining the purpose of the project and other pertinent details of the interview. Qualitative analysis included dividing each interviewee's responses into topics and aggregating all. Content analysis was done on the results of the interviews to look for themes that identified how the mentor moms perceived successful strategies and barriers to their children's reunification and how the public health nurse could best intervene in this process. The names of the interviewees were coded, and only the researchers were able to match codes and names. The study was approved by the San Jose State University Human Subjects-Institutional Review Board.

Limitations of this study include the fact that the mentor moms preferred to be interviewed in a group rather than individually. Although each mom was asked each question, some overlapping of comments was noted and the moms may have influenced each other. Separate interviews may have elicited additional or different information, since privacy would have been maintained.

The dependency drug court observation took place on a regular court day at the researcher's convenience. The presiding judge gave permission to attend

any dependency drug court proceedings and take notes. The members of the dependency drug court team were introduced to the researcher by the presiding judge. From this court observation data were gathered regarding the dependency drug court team's multidisciplinary approach for this population and the effectiveness of using shared information to find successful strategies to work with these women.

Findings

Quantitative and qualitative data were analyzed to determine the perceived needs of families in dependency drug court and identify what public health nurse interventions could help families reunify. Quantitative data from dependency drug court records describe the background, treatment process, and court outcomes of families. Qualitative data from observations of dependency drug court and interviews with mentor moms in dependency drug court describe strategies and barriers that made a difference in their court outcomes.

Background, treatment process, and court outcome

The age, ethnicity, number of children and the most common choices of drugs used by the families in dependency drug court describe the sample. The data showed that the most common ethnicity was Hispanic, at 48%, with the average age between 25 and 29 years. The largest number of children were under 2 years old, and 42% of the children exhibited side effects of drug exposure. Table one shows that slightly over 50% of women in drug court used

methamphetamine as their drug of choice. The second and third most commonly used drugs were cocaine (14%) and alcohol (14%). This research finding differs slightly from previous work by Sagatun-Edwards & Saylor (2000) that found cocaine to be the most common drug found in the urine of 63% of the children.

Table 1 about here

Table 2 describes the living arrangements as chosen by the participants of dependency drug court. Residential treatment was utilized by 48% of women, and transitional housing after residential treatment used by another 64%.

Table 2 about here

Table 3 shows the permanent placement of the child after completion of dependency drug court. The most common was reunification with a parent (47%), and the next largest placement was adoption (24%) either by foster parents or relatives. Twelve percent remained in long term foster care either with relatives or foster parents. Nine percent remained in permanent guardianship usually with grandparents or other relatives.

Table 3 about here

Successful strategies

Table 4 shows the cluster of themes related to successful strategies that emerged from the interviews with mentor moms, former drug-using women. Each theme will be discussed in terms relating to the mentor mom's perception of events and the implications for the public health nurse working with this

population. The first theme is the respect. One of the most powerful people described by these women was the judge of the dependency drug court. The overwhelming feeling shared was that of being respected by this official. "He called me by my name," "He was proud of us and pointed out our goodness, found our good parts," and "He understands mothers who are addicts, sees them as individuals and gives us voices to speak for ourselves," were typical comments. All the women interviewed stated and agreed that because, "he pushed us to get on the right track, we worked harder."

The remaining themes were utilized by all members of the dependency drug court team. They helped these women feel validated and empowered to succeed. The support team is listed as judge, the counselor, the attorney, the public health nurse and "others" in the support person category. The women stated that their counselor was the first person they talked to and felt encouraged by, resulting in a sense of validation. The attorney reported on the client's progress following the court plan and provided legal advice. This resulted in a sense of empowerment which enabled the women to speak for themselves through the court process. The women also mentioned that the support team tried to find solutions and was not punitive when the women had relapses. Although members of the team needed to report on the client's progress both positive and negative, the women felt supported and encouraged to find answers. These strategies motivated the women to do better and allowed them to believe they could

succeed. Every success was a foundation to build a more positive self-image and validated the women's efforts. These positive support people affected each woman's self-efficacy and gave them courage and a sense of empowerment to keep trying.

The public health nurse had a unique role of providing understanding by alleviating fear and providing support. The women in the drug court perceived the nurse as answering health questions and explaining how the children were doing in foster care. "Our children would come sick to visits in the same clothes week after week, and we really didn't know what was going on with them," were the expressed concerns of these mothers. Having a trusted health professional to whom they could express their concerns and get answers was very important to the mothers for providing a sense of understanding. Respect, validation, empowerment, understanding, and support were the reported outcomes from their experience in dependency drug court.

Table 4 about here

Table 5 lists the barriers that women in drug court faced in terms of perceived feelings and specific events. The first barrier shared by these women was that of overwhelming feelings of anger and denial. The event of having their children removed from their care was the catalyst for these feelings. The women talked about how the anger prevented them from even trying at first. One mother described herself as a "hard case" who at first didn't even try to cooperate. Only

after they were helped to discuss these feelings did the women have the ability to move on to understanding their own part of the problem.

Moving from anger and denial to helplessness and uncertainty opened avenues for learning and acceptance of the treatment program. Being confronted by overwhelming legal aspects of their cases, the women often were in denial about their problems. One mother shared how she at first denied her drug use and blamed the family member who reported her as the source of her problems.

One especially difficult problem for these women was not knowing the status of their children in foster care and feeling helpless to “protect them from these strangers.” These women perceived that their complaints about their children were not heard and information on their children’s development and any effects of drugs was not shared. A common fear expressed was “not being able to identify signs of problems from drugs and not knowing what to look for.”

Besides anger and denial, the feeling of helplessness and uncertainty increased as time passed. When the interviewer described a typical scenario of what happens to a child placed in protective custody, all the mothers stated they wished they had known that. These mothers reported a lot of anxiety around lack of communication with their child’s foster mom and what was happening to their child. All the moms stated it that would be helpful to have their child’s public health nurse meet them during a visit with their child to explain health concerns and developmental problems.

Table 5 about here

Qualitative data from the court observations substantiated the interview data. Observations included the intense effort of the dependency drug court support team to find solutions to the women's many problems. Housing was a major issue for many of the women as was domestic violence and the combination of drug dependency and mental illness. Having a team member knowledgeable with housing options alleviated a major barrier to success. Mental health workers screened clients for other problems that could impede their progress. Health concerns were addressed by the public health nurse. One mother's placement into a residential treatment center was blocked by the lack of a current tuberculosis skin test reading. The public health nurse quickly solved the problem. A respectful multi-disciplinary team approach was a powerful strategy to deal with logistical barriers to success.

Discussion

This study used data from a dependency drug court to identify successful strategies for working with these parents. The sample included 50 families who participated in the dependency drug court. The typical family was a single Hispanic mother, aged 25 to 29 years, using methamphetamines, with a child under 2 years. Most parents participated in residential treatment programs and almost half (47%) of the families regained custody of their children. Interviews with mentor mothers volunteering in the court identified successful strategies that

helped them through the court process. These strategies were represented in the themes of respect, validation, empowerment, support and understanding. All members of the team were identified as important but the authority of the presiding judge provided a critical element by calling them by name, stressing their strengths, understanding the addictive process, and treating them individually. Barriers to recovery were identified as feelings of anger, denial, helplessness and uncertainty.

Public health nurses provided an essential aspect of support by addressing medical concerns. Therapeutic communication by the public health nurse can assist women caught in the cycle of drug abuse. The ability to heal and become an active participant in the women's recovery process can be helped by personalizing their care, showing respect, and calling them by name. Support offered by the entire treatment team can add a great deal to the mothers' feeling of self-efficacy. Fear and misunderstandings can be relieved when the public health nurse explains what happens to the children while the mothers are in recovery. Attachment problems brought on by the separation can be eased by allowing the mother to share her experiences with a trusted support person. Parents are reassured that a public health nurse is visiting their children in the foster homes, evaluating the child's development, and referring the child to medical care when needed. Findings suggest that the dependency drug court multi-disciplinary team, including the public health nurse, is a powerful resource to facilitate reunification.

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TABLE 1. *Drug of Choice*

Drug	Frequency	Percent
Methamphetamine	26	52
Alcohol	7	14
Cocaine	7	14
PCP	5	10
Heroin	3	6
Marijuana	1	2
Missing data	1	2
Total	50	100

TABLE 2. *Treatment Programs*

Facility	Frequency	Percent
Mariposa (residential)	22	24
Rainbow House (transitional)	21	44
House on the Hill (residential)	12	24
Other THU (transitional)	10	20

Note. Totals do not sum to 100% because individuals were in more than one site.
 THU = Therapeutic Housing Unit

TABLE 3. *Reunification or Other Permanent Placement*

Placement	Frequency	Percent
Return to parent	46	47
Adoption	23	24
Long term foster care	12	12
Guardianship	9	9
Other	8	8
Total	98	100

TABLE 4. *Successful Strategies*

Support People	Interventions	Themes
Judge	Called by name	Respect
Counselor	Listened and encouraged	Validation
Attorney	Reported client's progress	Empowerment
Other team members	Demonstrated non-punitive attitudes	Support
Public Health Nurse	Provided support and answered questions.	Understanding

TABLE 5. *Barriers to Recovery*

Feelings	Event
Anger	Children placed into protective custody
Denial	Confronted with legal issues of drug use
Helplessness	Visiting their sick children, complaints not heard
Uncertainty	Lack of information regarding their children's health
