Barriers to Employability Among Women on TANF With a Substance Abuse Problem

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This study was supported by funding from The Administration for Children and Families (ACF) and The Assistant Secretary for Planning and Evaluation (ASPE) (90XP0002), The National Institute on Drug Abuse (NIDA) (5 RO1 DA12256) and the New Jersey Department of Human Services (NJDHS).

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Executive Summary

Since the passage of federal welfare reform legislation in 1996, welfare caseloads have declined dramatically assisted, in part, by a strong economy. However, many families have not made the transition to employment. Many recipients of Temporary Aid to Needy Families (TANF) experience a variety of barriers that make it difficult for them to work. These barriers include poor work skills, low educational attainment, difficulty securing childcare and transportation, and health and mental health issues. As states face rising federal work participation rates and approaching time limits, there is an increasing need to find effective strategies to assist those who experience barriers to employment.

Substance abuse has been identified as an important problem to address among hard-to-employ TANF recipients. Although accurate prevalence rates of substance abuse problems among TANF recipients are hard to obtain, some studies indicate that 10-20% have a substance abuse problem. Many welfare systems have implemented special programs to screen for substance abuse and refer recipients to treatment. However, very little is known about TANF recipients who have a substance abuse problem. As a result, minimal information is available to guide policy makers and program administrators about the types of services this population needs to transition to employment.

The purpose of this study was to learn more about the substance abuse problems and other barriers to employment of women on TANF who were identified as being dependent on alcohol or other drugs. The study examined the nature, severity, course, and treatment needs for substance abuse problems in this population. The study also assessed problems in seven other areas thought to be barriers to employment. Because most women on TANF experience some barriers to employment, the study compared women with a substance abuse problem to those without a problem. This comparison allowed us to study and determine whether substance-abusing women were more impaired than other women on welfare across important domains related to employment. Finally, the study examined the well-being of children based on mother's self-report.

The typical substance abuse sample member was in her mid-thirties, African-American, not married, was the mother of 3-4 children, had not completed high school, earned less than 50% of the poverty threshold, and had received welfare benefits for 12 years. The typical non-affected (without a substance abuse problem) sample member was in her late twenties, African-American, not married, was the mother of 2-3 children, had completed high school, earned above 50% of the poverty threshold, and had received welfare benefits for 6 years. The non-affected sample was significantly younger, had fewer children, and had spent less time on welfare.

Women in the substance abuse sample reported serious and chronic substance abuse problems. Most were addicted to heroin or cocaine. On average women drank heavily or used drugs on about 2 of every 3 days in the prior month and had extensive histories of prior substance abuse. Women required intensive treatment placements to address their problems, including one-third who required inpatient treatment. Despite the severity of substance abuse problems, half of women had not received prior substance abuse counseling.

Women in the substance abuse sample reported low education, low job skills, and limited work experience. More than half (56%) did not complete high school, 52% reported no job skills, and only 19% worked regularly in the past three years. Women in the non-affected sample had significantly greater levels of education, job skills, and work experience. More than half (57%) completed high school, 71% reported job skills, and 44% worked regularly in the past three years.

Women in the substance abuse sample reported high levels of other problems, particularly in the areas of mental health, family, legal, basic needs, and stressful events. About half (48%) were diagnosed as suffering from major depression or post-traumatic stress disorder. About one in three reported serious family problems in the recent past: 35% reported high levels of family conflict, 31% reported being the victim of severe physical violence from a partner, and 38% reported currently being under investigation by child protective services. Issues of caring for children appeared to be problem for the overwhelming majority of substance abusers: 84% had ever been investigated by child protective services. The average number of investigations, among those investigated, was seven. Over half (56%) had been arrested and 25% had been incarcerated. Women also reported high levels of problems with basic needs: 51% reported living in unstable housing and 40% reported serious problems with transportation. In addition, 65% experienced a major stressful event (e.g., serious illness of child, being evicted) in the last year. Not surprisingly, women were rated as requiring additional services in multiple areas, beyond simply substance abuse treatment.

Women in the non-affected sample experienced significantly fewer problems in all areas than those in the substance abuse sample. Differences were greatest in the areas of mental health, family, and legal problems. For example, among the non-affected sample 15% required mental health services, 6% required family services, and 3% required legal services. By comparison, need for services among substance abusers were as follows: 46% required mental health, 51% required family, and 21% required legal services. At the same time, women in the non-affected sample also experienced barriers to employment. Barriers occurred primarily in the area of labor market skills (education, low work experience). However, about 10% of women experienced barriers in the areas of physical health, child's physical health, legal, childcare, domestic violence, involvement with child protective services, transportation, and depression. In addition, almost half (42%) of women in the non-affected group experienced a major stressful event in the last year.

The study also examined indicators of child well being based on mothers' report. Overall, there were few significant differences between samples for young children, ages 0 to 5. However, among older children (ages 6-17) substance abusing mothers reported significantly greater physical health, behavioral health, and academic problems. Differences were greatest for adolescents (ages 12-17). Substance abusing mothers reported high levels of physical health problems (20%) and risk behaviors: 17% reported a child who became pregnant as a teen, 12% reported a child was arrested, and 40% reported a child was expelled or suspended from school.

Overall, study findings indicate that women identified in welfare settings as dependent on alcohol or other drugs experience high levels of psychosocial impairment and family dysfunction. These women differ from other women on TANF and are unlikely to transition into employment through the typical welfare-to-work employment and training programs. The serious and chronic substance abuse problems indicate the need for intensive treatments with strong aftercare

components. In addition, the level of problem severity suggests that relapse will be a common phenomenon even among those who complete treatment. Findings also indicate the need for additional services in multiple domains: including mental health, family, basic needs, and medical services. These findings are consistent with earlier studies suggesting that substance-abusing mothers have multiple co-occurring problems, but raise concerns because standard substance abuse treatment does not typically provide these services. One strategy to improve care is providing intensive case management to enhance access to care and coordinate services across disparate providers. Another strategy is to develop programs to provide integrated care specifically designed for these women.

Findings also raise questions about expected time frames for substance abusing TANF women to become employed. With the restructuring of welfare as a temporary program, states view the time required to transition into employment in terms of months. However, it seems unlikely that women with high levels of behavioral health problems, unstable living situations, and low levels of employment skills will be able to make the transition to employment that quickly. Substance abuse treatment and welfare systems should consider this issue. Substance abuse treatment programs need to figure out how to integrate employment training activities into standard treatment to begin the process of preparing women for work. Welfare policy makers and administrators need to determine what changes to welfare requirements will accommodate the realities of substance abusing and perhaps other hard-to-employ populations.

Findings also indicate alarmingly high levels of family dysfunction. On average, substance abusing mothers were investigated multiple times by child protective services, one-third are currently under investigation, one-third report severe domestic violence, and many report teens engaging in high risk behaviors. To date, most discussions about substance abusing TANF recipients have focused on the need for substance abuse treatment. However, it seems unlikely that women will be able to secure or sustain employment without addressing family issues as well. More thought is needed by welfare policy makers and others in the public health community about effective strategies to strengthen these high-risk families.

CHAPTER 1
INTRODUCTION

The Hard to Employ

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) ushered in a new era of welfare reform. Key provisions of PRWORA included time limits and work standards that promoted and even required work for those receiving welfare. In addition, states were given wide latitude to design programs to help families attain self-sufficiency and discourage long-term dependency. The passage of PRWORA and its subsequent implementation reflect a broader societal shift towards expecting all parents to support their children through work, rather than depending on government assistance. Welfare caseloads have declined dramatically since the passage of PRWORA. This reduction reflects changes in federal policy, a strong economy, and state programs that support work.

However, many families have not made the transition to employment. In addition, a significant portion of current welfare recipients experience physical or behavioral health problems that require more intensive services than those provided by traditional "work first" programs. For example, a study conducted by the New Jersey Department of Human Services found that TANF recipients who had received assistance for more than 34 months had, on average, more than two problems that represent barriers to employment (Feldman, Hickson, & Gioglio, 2001). As states face rising federal work participation rates and approaching time limits for long-term recipients, there is an increasing interest in finding effective strategies for the hard-to-employ (HtE). In addition, the broad aim of welfare reform - to require that parents support children through work - can not be successfully implemented unless the needs of HtE populations are addressed. Currently, limited information is available about the nature, prevalence, and impact on employment of these barriers. Even less is known about the types of services that are needed to move HtE families, particularly those with multiple barriers, to stable employment.

Barriers to Employment

A diverse set of factors have been identified as potential barriers to employability. These include situational factors such as transportation; human resource factors like low literacy or low job skills; and personal problems such as domestic violence or substance use disorders. Studies indicate that the presence of these barriers and especially the co-occurrence of multiple barriers, are associated with lower likelihood of employment (Danziger et al., 2000). Prevalence rates for barriers vary based on differing samples and definitions. Nevertheless, several studies concur that the overwhelming majority (70-80%) of welfare recipients experience at least one barrier to employment and about 30-70% experience multiple barriers (Brown, 2001). Traditionally, TANF agencies have addressed some barriers to employment. For example, most TANF agencies assess for some situational and human resource barriers such as childcare, transportation, or lack of educational attainment.

Prior to 1996, TANF agencies did not address behavioral health issues: specifically, substance abuse, mental health, domestic violence, and learning disabilities. However, as evidence mounts that these problems are prevalent in welfare populations and interfere with work, TANF agencies have begun to experiment with a variety of programs to address these needs. Identifying and providing appropriate services to address behavioral health problems present a special challenge to TANF agencies. These barriers are often difficult to detect either because the welfare recipient is unaware of the problem or reticent to self-disclose the problem to welfare workers. In addition, TANF agencies are interested in dealing with these problems only to the extent that they interfere with work, yet it is unclear at what point these problems become barriers to employment, since some individuals who have these problems do work. Finally, developing effective strategies to address these problems is difficult because new models for coordination of services between welfare agencies and community service providers must be developed.

Despite these challenges, recent evidence indicates that these behavioral health problems are highly prevalent in welfare populations. For example, a recent study found that over half of welfare recipients in two California counties had at least one of the above-mentioned problems (CIMH, 2001). In addition, it is increasingly clear that a significant minority of recipients suffer from behavioral health problems, either singly or in combination, that severely impairs their

functioning. These findings indicate that, despite inherent difficulties, TANF agencies will need to effectively address the challenge of behavioral health problems as welfare reform takes its next steps.

Substance Abuse

Substance abuse is typically defined based on either consumption patterns or impairment related to drinking or use of other drugs. Excessive alcohol consumption (e.g., drinking more than 5 drinks on one occasion) or use of illegal drugs is often used to define problem consumption patterns. Various indicators of impairment exist. One widely accepted standard is the diagnosis of a substance abuse or dependence disorder as defined by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994). According to APA's definition, substance abuse refers to a pattern of recurrent adverse consequences related to substance use. Substance dependence refers to a pattern of substance use where adverse consequences are accompanied by physical or psychological dependence on a substance.

Efforts to understand the issue of substance abuse in the context of HtE populations have focused on three major questions. What is the prevalence of substance abuse among TANF recipients? To what extent is substance abuse a barrier to employability? What types of services do substance abusers need to attain self-sufficiency? Unfortunately, limited information is available to answer these questions. In the following paragraphs, we briefly summarize existing findings.

Discussions occurring during the initial phase of welfare reform often suggested that substance abuse was quite prevalent and a major problem among welfare recipients. For example, 25 state AFDC offices found substance abuse to be the most frequently cited problem preventing recipients from successfully transitioning into employment (U.S. Department of Health and Human Services, 1992). National survey data indicate that a minority of female welfare recipients report having substance abuse problems. For example, 21% used illegal drugs in the prior year, 5% used crack or cocaine, and 9% were diagnosed as dependent on alcohol (Jayakody, Danziger & Pollack, 2000). Prevalence rates of more specialized studies conducted on welfare recipients at a county or state level have varied, but generally confirm the finding that a minority of recipients have substance abuse problems. For example, a study conducted in an urban Michigan county found that 2.7% were diagnosed with alcohol dependence and 3.3% were diagnosed with drug dependence (Danziger et al., 2000). By contrast, studies conducted in California (CIMH, 2001) and New Jersey found higher rates (Klein et al., 1998). For example, prevalence rates for alcohol or drug dependence in one California county were 10.1%.

One serious limitation of these findings is exclusive reliance on self-report. Findings from two studies comparing self-report and biological measures of substance use among welfare recipients suggest substantial underreporting may occur. Klein et al. (1998) surveyed substance use among a representative sample of welfare recipients in New Jersey. They found that 12% self-reported recent cocaine use, but 25% were positive for cocaine use based on hair sample analyses. Based on an analysis of self-report and biological measures, Klein et al. found that 20% of TANF recipients in New Jersey required substance abuse treatment. Schottenfeld et al., (2001) surveyed

substance use among welfare recipients in Connecticut and reported similar results regarding the discrepancy between self-report and biological measures. Self-reported rates of cocaine use were 6.1%, but hair analyses indicated rates of 18.8%.

Regardless of prevalence rates, substance use is of interest in welfare settings because it is hypothesized to be a barrier to employment. Experts would agree that functional impairment is related to the severity of substance abuse. At lower levels of problem use individuals may be able to work, but as problem levels rise the ability to work becomes impaired. However, data are not available to establish thresholds at which substance use impairs ability to work. Moreover, the issue is complicated because if employers screen for illicit drug use, even occasional marijuana use will be a barrier to employment. In addition, impairment in work ability caused by substance use almost certainly varies based on other individual characteristics such as level of stress, emotional well-being, or physical health problems. Currently, many states rely on a clinical determination of need for substance abuse treatment to trigger diversion from welfare-to-work programs to substance abuse treatment.

Studies have generally supported the effectiveness of community substance abuse treatment (Hubbard et al., 1997). In addition, studies have shown that welfare recipients receiving substance abuse treatment were more likely to become employed than those who dropped out of treatment or did not receive care (Wickizer et al., 2000). However, the literature is consistent in suggesting that the current structure of substance abuse treatment is poorly matched to the needs of disadvantaged, parenting women (e.g. Brindis et al., 1997; Gustavson & Rycraft, 1993). Thus, it may not be sufficient to provide substance-abusing women with traditional substance abuse treatment alone, without considering their need for other services. A primary concern has focused on issues of treatment engagement. Parenting women experience tangible (e.g., lack of child care) and psychological (e.g. denial of problems) barriers to entering treatment. In addition, parenting women present with an array of problems not addressed by substance abuse treatment programs. Recommendations for improving outcomes have focused on lowering treatment barriers and providing more comprehensive and coordinated care. Studies have suggested that augmenting existing substance abuse treatment with intensive case management services might improve treatment engagement and outcome (Laken & Ager, 1996). In addition, contingency management such as providing incentives to reinforce treatment tasks has improved outcomes compared to substance abuse treatment alone (Iguchi et al., 1997).

Overall, the literature on treating substance abusing parenting women suggests that simply providing substance abuse treatment may not be sufficient to effectively address substance abuse among women on welfare and that a more comprehensive, intensive, and integrated set of services may be needed. Preliminary findings indicated that an integrated service model yielded significant reductions in substance abuse and welfare dependency, and increases in employment and earnings (McLellan et al., 2001) While promising, no studies have rigorously tested whether integrated, intensive care will improve outcomes as compared to simply providing substance abuse treatment.

In summary, substance abuse has been identified as an important barrier to employability in welfare populations. Prevalence data indicate that a significant minority of women on welfare have a substance abuse problem. However, prevalence rates have varied considerably depending on the location of the study, criteria used to define substance abuse, and whether studies relied solely on

self-report data. Prevalence rates based on self-report have ranged from about 3% to 10%, whereas those based on biological measures have yielded substantially higher rates varying from 19% to 25%. Substance abuse clearly impairs one's ability to work, but little data are available to indicate threshold levels that would clearly impair job performance. Most states have adopted clinical standards as a means of identifying those who should receive treatment prior to work training. Substance abuse treatment has been shown to be effective and related to improved employment. However, the structure of the current system of care may be insufficient for substance abusing TANF women and more intensive, integrative treatments may be needed.

The Substance Abuse Research Demonstration Project (SARD)

The SARD is a welfare demonstration project designed to compare the outcomes and costs of two competing approaches to providing services to substance abusing women on TANF. One approach is similar to the standard of care provided in states that are attempting to address this issue. TANF recipients are screened for substance abuse in the welfare office as a routine part of benefit determination. Those who respond positively to the substance abuse screening measure are assessed to determine their need for substance abuse treatment. Those requiring care are referred to a treatment program. Level of care is based on the American Society of Addiction Medicine Patient Placement Criteria (ASAM, 1996). Thus, women are eligible to receive short-stay inpatient and varying levels of outpatient care.

The alternative treatment approach is based on a comprehensive, integrated care model. TANF recipients screening positive for substance abuse are assessed and referred for substance abuse treatment. In addition, intensive case management and contingency management are provided. The goal of the case management is to provide comprehensive, coordinated care as well as to enhance continuity of care. Case managers provide outreach services to engage women in treatment, assess and broker services for basic needs (e.g., child care, housing), and arrange for needed professional services such as medical and mental health services. In addition, case managers monitor progress in substance abuse treatment and assist in the transition between levels of treatment as well as between treatment and work activities. Case managers continue to have regular contact with women for up to one year following engagement in work activities to enhance continuity and assist in preventing relapse. Women also receive modest incentives in the form of product vouchers as a reward for initial engagement in substance abuse treatment.

The SARD is a collaborative project involving the New Jersey Department of Human Services (NJDHS), the New Jersey Department of Health and Senior Services - Division of Addiction Services, The National Center on Addiction and Substance Abuse at Columbia University (CASA), and the Center of Alcohol Studies at Rutgers University. The study is being conducted in two New Jersey Counties: Essex and Atlantic Counties. Women are recruited at the local welfare and employment services offices in each county. Assessment and case management services are provided by the National Council on Alcohol and Drug Dependence - New Jersey (NCADD-NJ). The SARD is in its third year of operation. Funding for assessment and services is provided by the NJDHS. Funding for the evaluation has been provided to CASA by the National Institute on Drug Abuse, the Administration for Children and Families, the Assistant Secretary for Planning and Evaluation, and the Annie E. Casey Foundation.

The Current Study

Similar to other welfare systems, New Jersey screens welfare applicants for substance abuse problems at the time of benefit eligibility determination. Those who respond positively on the screen are referred for a comprehensive assessment. The broad aim of this study was to determine the types of barriers to employability and need for services among TANF women assessed as having a substance abuse problem. This information is needed to determine what types of services are required to assist these women in achieving self-sufficiency. Little is known about this issue because substance abuse has not been assessed nor considered a service need by welfare departments prior to welfare reform. The study focused on two primary areas. First, it examined the nature, severity, course, and treatment needs for substance abuse problems. Gaining a better understanding of this issue is important in order to determine whether screening practices identify those women for whom substance abuse is likely to be a barrier to employment and to guide planning for treatment services.

Second, the study examined other hypothesized barriers to employment. Many studies have suggested that substance abusing women on welfare experience substantial problems in other areas and need comprehensive and intensive services beyond those typically provided in substance abuse treatment. Indeed, a central assumption of the SARD was that women would require and benefit from intensive services. However, little data are available examining this issue among substance abusers identified in a welfare setting. The current study examined problems in domains often mentioned as potential barriers to employment: mental health, stress, domestic violence, family, social, physical health, legal, housing, childcare, transportation, education, and employment history. The existence of problems or deficits in these areas would suggest that additional services may be required as well as have prognostic implications for the ability of this group to achieve self-sufficiency. Because little is known about the prevalence of these additional barriers among welfare recipients in general, the study also assessed the existence of these barriers in a group of non-substance abusing women on TANF. The study compared prevalence rates of barriers between substance abusing and non-substance abusing groups. This information expands our understanding of how substance abusers might differ from other welfare recipients on factors thought to be critical to successful transition from dependency to employment.

Third, the study briefly examined indices of child well being as reported by mothers. Children's physical health, mental health, and learning disability problems can create a barrier to employability for women. The impact of welfare reform on children has been a subject of great concern for policy makers. Although it does not appear that welfare reform policies have caused harm to children, more needs to be understood about the well being of poor children (Devaney et al., 1997; Brooks-Gunn & Duncan, 1997). Children of substance abusing parents are at risk for adverse social and academic outcomes (Bauman & Dougherty,1983; Black et al., 1994; Famularo et al., 1992). The current study compared the children of the substance abusing versus non-substance abuse group on indices of physical and mental health, academic engagement, and risk behaviors.

CHAPTER 2
METHODS

The Sample

Descriptive data were collected on a sample of 214 substance-abusing women on welfare. Procedures and selection criteria were designed to identify a sample of TANF eligible women who were detected on a substance abuse screening measure administered at the welfare office and - upon further assessment - were determined to be dependent on alcohol or other drugs, required drug free inpatient and/or outpatient substance abuse treatment, and were otherwise work eligible. This cohort would be the one most likely to be identified by screening and evaluation systems implemented or under consideration in welfare settings across the country. Women seeking methadone maintenance treatment were evaluated in a separate study.

Formal selection criteria were as follows: women were included in the study if they met criteria for a DSM-IV substance dependence diagnosis; were eligible or receiving Temporary Aid to Needy Families (TANF); were entering New Jersey's welfare-to-work program, not deferred for a medical problem; and could speak English well enough to complete an interview. Women were excluded if they were currently psychotic; receiving or seeking methadone treatment; seeking long-term residential treatment; or currently in substance abuse treatment. In addition, descriptive data were collected on a sample of 69 women on welfare who did not have a substance abuse problem. Women in the non-affected sample were included if they did not meet DSM-IV criteria for a substance use disorder during the prior five years, were eligible or receiving Temporary Aid to Needy Families (TANF); could speak English well enough to complete an interview; were entering New Jersey's welfare-to-work program and were not deferred for a medical problem. Women were excluded if they were psychotic.

Procedures

Substance Abuse Sample. Women were screened for substance abuse problems by welfare workers in Essex County in accordance with New Jersey welfare regulations. Specifically, welfare workers were required to administer a brief screening measure, the CAGE-AID (Brown, 1992), to all individuals applying for or seeking redetermination of TANF benefits. The CAGE-AID is a nine-item measure designed to screen for alcohol and other drug use problems. Individuals responding positively to two or more questions were referred for further evaluation to trained addictions counselors who were co-located at the local welfare office. Welfare caseworkers received training on measure administration and referral. Specially trained addiction counselors screened clients for SARD eligibility and assessed those determined as eligible using a battery of standardized measures. Substance abuse and non-affected sample participants were recruited into the study between June 1999 and September 2000.

In order to determine representativeness of the sample, program records for a 12-month period (9/99-9/00) were reviewed. A total of 308 clients screened positive and were referred for SARD evaluation. About 53% (n=163) met eligibility criteria and 96% of those agreed to participate in the research study. The remaining 145 clients were not included for the following

reasons: 29 did not meet current substance abuse or dependence; 70 did meet diagnostic criteria for a substance use disorder, but were excluded primarily because they were seeking methadone maintenance treatment; and 46 clients either did not complete the intake assessment or were ineligible for other reasons. Overall, the sample appears representative of the selection criteria. It is important to note that the sample may not be representative of substance abusers in the welfare populations. Rates of positive response to the screening measure were low (4-10%) suggesting that many substance abusers were not detected by the screening procedures (cf. Morgenstern et al., 2001).

Non-affected Sample. Women screening negative on the CAGE-AID were informed that they could participate in a research study and were referred to research staff located at the welfare setting. Research staff met with women and explained the nature of the study. Those interested were administered informed consent and then were escorted to a confidential interview space located several blocks from the welfare office where interviews were conducted. All comparison participants were required to provide a urine sample to verify self-report of substance use. A total of 203 comparison participants were contacted by research staff: 16% (n=32) were ineligible; of those eligible 40% (n=69) were enrolled; 32% (n=55) requested an interview, but did not complete the assessment; and 27% (n=47) refused.

The representativeness of the non-affected sample was further examined because 60% of eligible participants did not enroll in the study and not all women who screened negative met with research staff. Research staff actively approached a representative sample of women who screened negative and requested demographic characteristics of those women, whether or not they agreed to participate in the research study. Demographic data were collected on 84% (n=78) of women approached who refused study enrollment. A comparison of demographic data of eligible women who did or did not enroll in the study indicated no significant differences on age, ethnicity, education, or employment history. Anecdotal reports from staff indicated that the primary reason women refused participation was that they were too busy with other obligations that day to complete an interview. Overall, data suggest that the sample may be representative of TANF women in Essex County not affected by substance abuse problems.

Measurement

All participants were administered a battery of standardized measures by trained interviewers upon enrollment in the study. Measures were selected to assess: a) demographics, b) substance use problems, c) other barriers to employability, d) and child well-being. Constructs assessed for substance use problems included: DSM-IV diagnoses, current consumption and consequences, problem severity and chronicity, prior treatment history, and recommended level of intensity of treatment placement based on the American Society of Addiction Medicine Patient Placement Criteria (ASAM-PPC2; ASAM, 1996). Problems in eleven domains were assessed to determine the extent of other co-occurring barriers to employability: education, work skills, physical health, mental health, family, domestic violence, recent stressful events, legal, housing, childcare, and transportation. Need for services in the eight ASI problem domains was based on severity scores derived from both objective criteria related to the client's previous history and current needs, and from the client's perception of the severity of the problem and need for additional care. Need for service was scored on a 10-point likert scale with categories ranging from

"no services needed" to "services required". These 10 categories were then collapsed into "no services needed", "services recommended", and "services required". To ensure standardization in scoring the need for services, staff received extensive training in evaluating the objective criteria consistently and applying appropriate weight to the client's perceptions. Child well-being was assessed via mother's self-report and included measures of home environment, parenting practices, child health, school engagement, and social and emotional health. A number of child well-being items were drawn from the National Survey of American Families (NSAF). For those items, findings from the substance abuse and non-affected samples are compared to the NSAF sample. Detailed information on measures, interviewer qualifications and training, and quality control procedures are available in Appendix 1.

CHAPTER 3
DEMOGRAPHICS

Table 3.1 compares the demographic characteristics of the substance abuse and non-affected samples. The typical substance abuse sample member was in her mid-thirties, African-American, not married, was the mother of 3 to 4 children, had not completed high school, and earned less than 50% of the poverty threshold. The typical non-affected sample member was in her late twenties, African-American, not married, was the mother of 2-3 children, had completed high school, and earned above 50% of the poverty threshold. Overall, the non-affected sample was significantly younger, had fewer children, and was more educated.

Table 3.1

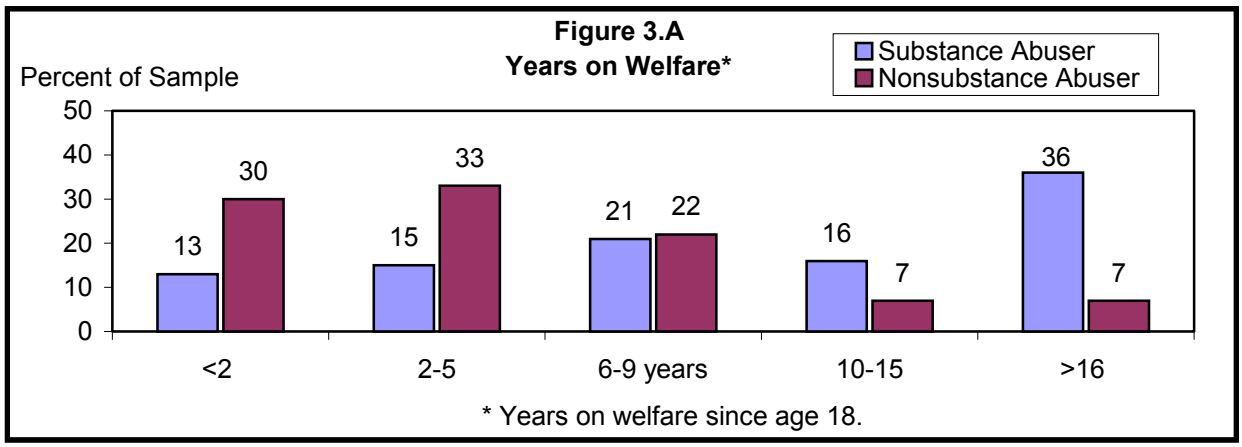
Demographics by Percent

	Substance Abuser (n=214)	Nonsubstance Abuser (n=69)
Age[a]	36 (6.6)	28(8.1)
Race		
African-American	95	86
Hispanic	3	10
Other	2	4
Marital Status		
Married	2	3
Divorced/Widowed/Separated	19	19
Never Married	79	78
Children[a]	3.3 (1.9)	2.8 (1.7)
Education		
High School or Greater	44	57
Did Not Complete High School	56	43
Income*		
Extreme Poverty	55	43
Poverty	40	46
Low Income	5	11

[a] Numbers represent: mean (standard deviation).

* The income classes are derived from the ratio of the family's income to the family's poverty threshold for a single parent family with three children. According to the U.S. Census 2000, $17,524 is the poverty threshold. Extreme poverty is less than 50 percent of the poverty threshold (<$8,762). Poverty is between 50 and 99 percent of the poverty threshold ($8,762-$17,349). Low income is between 100 and 199 percent of the poverty threshold ($17,349-$34,873). Percentages for this sample represent approximates. No participants in this sample had incomes above the low income threshold.

Figure 3.A compares cumulative total years receiving welfare benefits for the substance abuse and non-affected samples. The substance abuse sample spent significantly more total time on welfare than the non-affected sample. On average the substance abuse sample spent 12 years (SD=8.5) versus 5.8 years (SD=5.5) for the non-affected sample. Figure 3.1 also indicates that groups differed for long and short stays on welfare. About 36% of substance abusers received welfare benefits for more than 15 years versus only 7% of the comparison sample. Conversely, 66% of the non-affected sample received welfare benefits less than six years versus 28% of the substance abuse sample.



CHAPTER 4
SUBSTANCE ABUSE AND TREATMENT NEEDS

The majority of the substance abuse sample used two or more substances. Figure 4.A reports on which substance represented the most significant problem based on the largest number of dependence symptoms. The overwhelming majority of the sample, 73%, had a primary hard drug use problem: either heroin or cocaine. It should be noted that almost all of the primary opiate users snorted heroin. Injecting opiate users were typically excluded from the sample because these women were seeking methadone maintenance treatment.

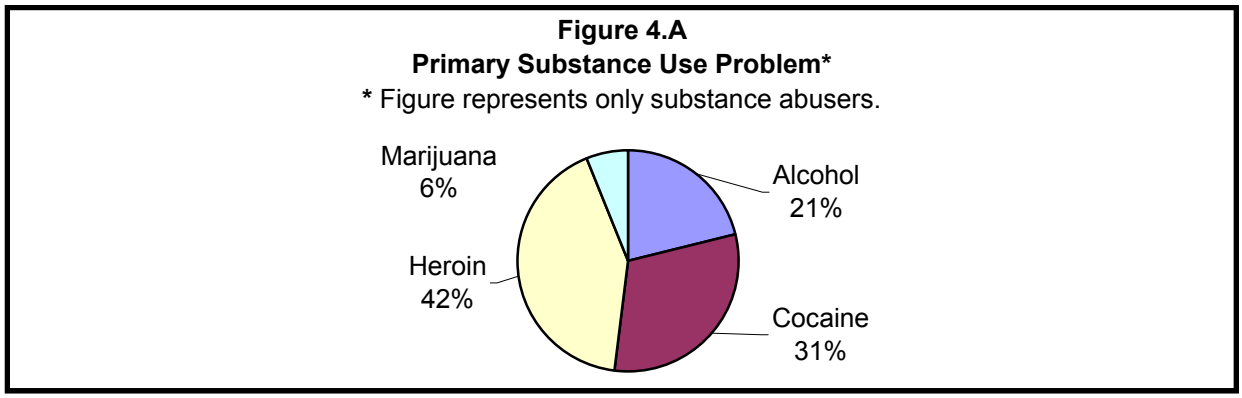


Figure 4.B presents the average number of days of heavy drinking (defined as drinking to intoxication) or illicit drug use in the last month. On average, the sample drank or used drugs about

two-thirds of the time or 19 days in the last month, with hard drug use accounting for the largest category of use days.

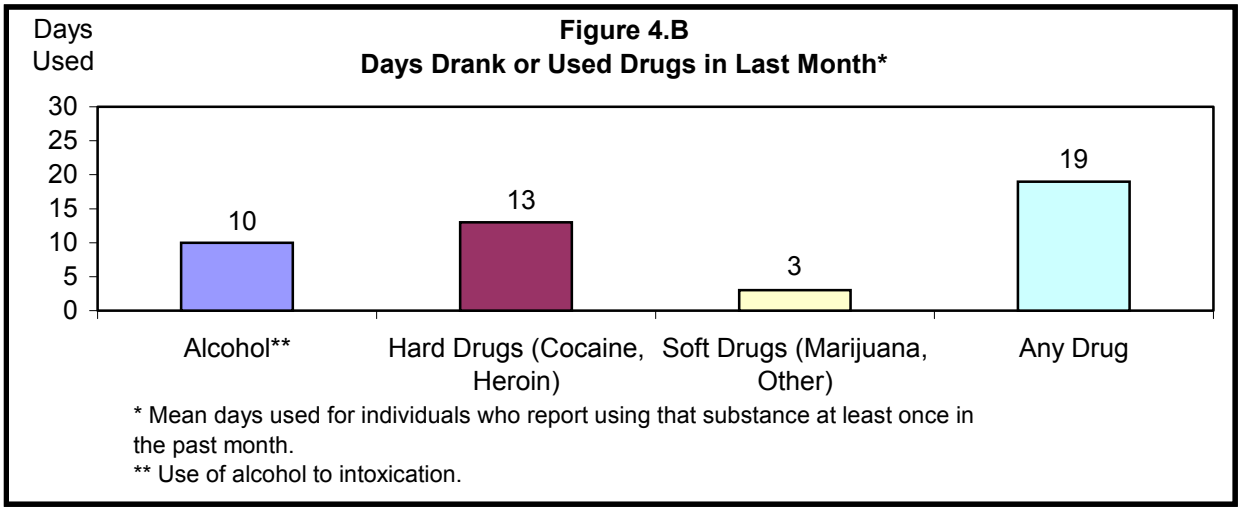


Figure 4.C presents the percent of the sample who drank heavily or used drugs regularly for a period of at least one year. The majority of the sample were regular heavy drinkers or drug users, about 2 out of 3 women reported using cocaine regularly and 50% reported using heroin regularly.

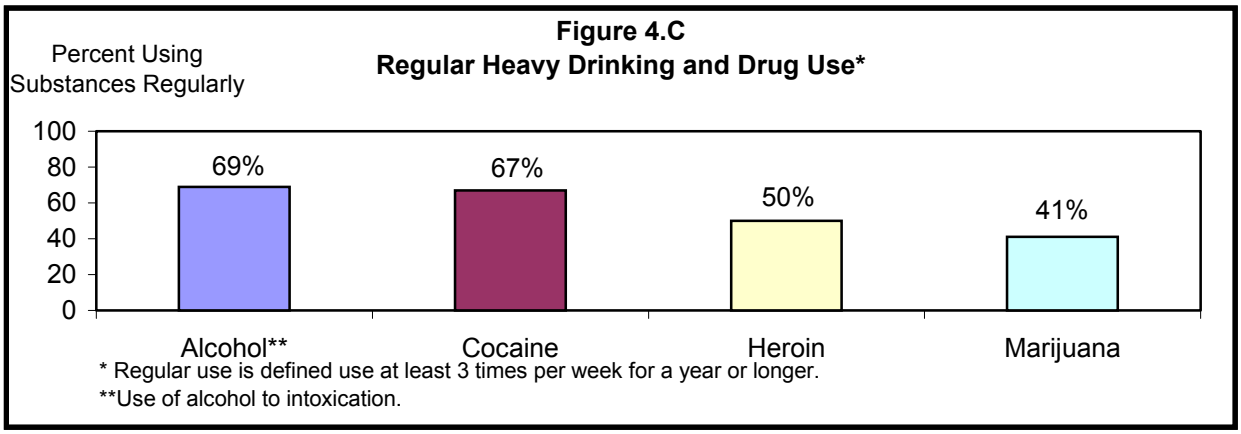


Figure 4.D presents findings of the number of years of regular heavy drinking or drug use for those who reported regular use. On average, periods of regular use ranged from 8 to 14 years suggesting that most of the sample had experienced extended periods of regular use.

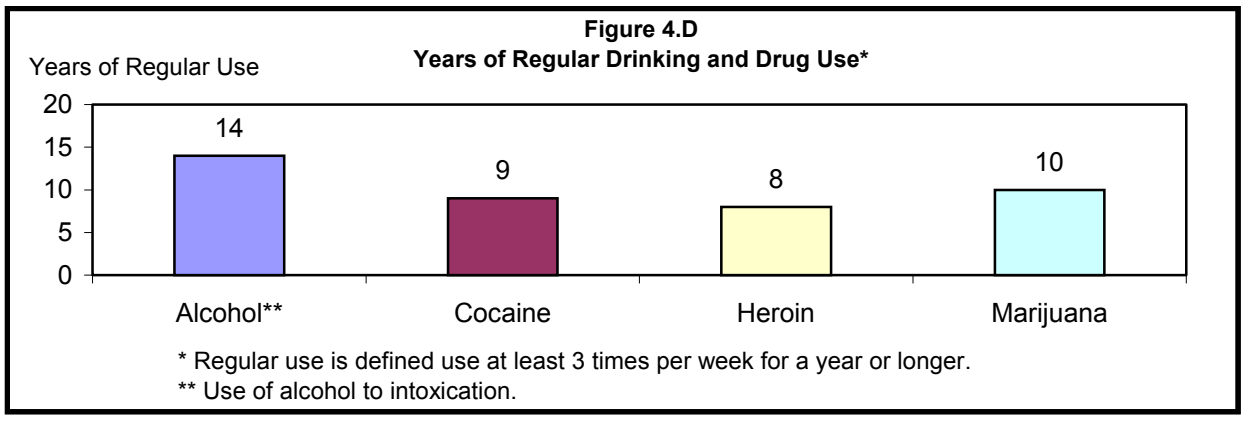


Figure 4.E presents data on prior treatment for an alcohol or drug use problem. Only half of the sample had received any substance abuse counseling other than detoxification, 20% had received only detoxification, and 30% had received no prior treatment.

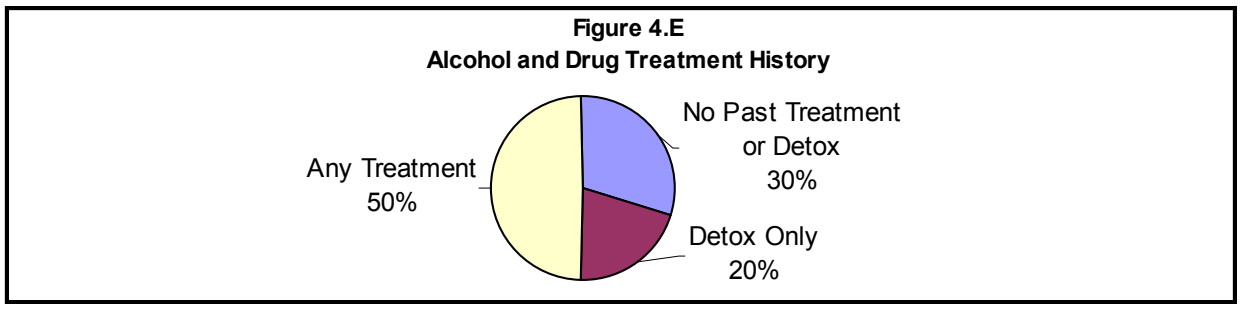
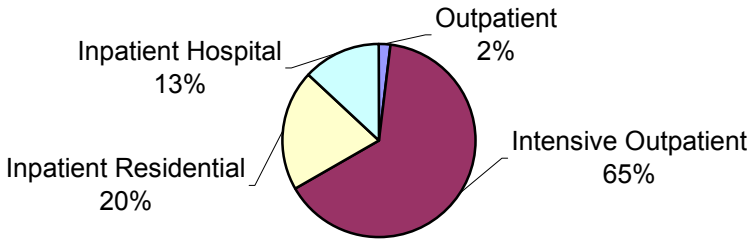


Figure 4.F reports recommended levels of intensity of treatment based on ratings of problem severity using ASAM placement criteria. Overall, women required intensive treatment placements. About 1 in 3 women required some inpatient care prior to placement in outpatient treatment. Inpatient care typically involved hospital detoxification or placement in a short-term residential program. The majority of women (65%) were placed initially in intensive outpatient treatment typically consisting of 20-35 hours a week of outpatient counseling.

Overall, women in the substance abuse sample reported serious and chronic substance abuse problems. Most were addicted to heroin or cocaine. On average women drank heavily or used drugs frequently prior to screening and had extensive histories of prior substance abuse. Women required intensive treatment placements to address their problems including one-third who required inpatient treatment. Despite the severity of substance abuse problems, half of women had not received prior substance abuse counseling.

Figure 4.F
Recommended Substance Abuse Treatment
(ASAM Level of Care)*

* American Society of Addiction Medicine (ASAM) criteria is a set of placement criteria used to assign patients to varying levels of care.



CHAPTER 5
EMPLOYMENT

Five factors were examined to assess employment experience: current work status, work history, job skills, job readiness, and current need for employment services. Figure 5.A presents findings of the percent of women who worked within three months prior to study recruitment. Significantly more non-affected women (42%) worked as compared to substance abusing women (10%).

Figure 5.A
Current Employment Status

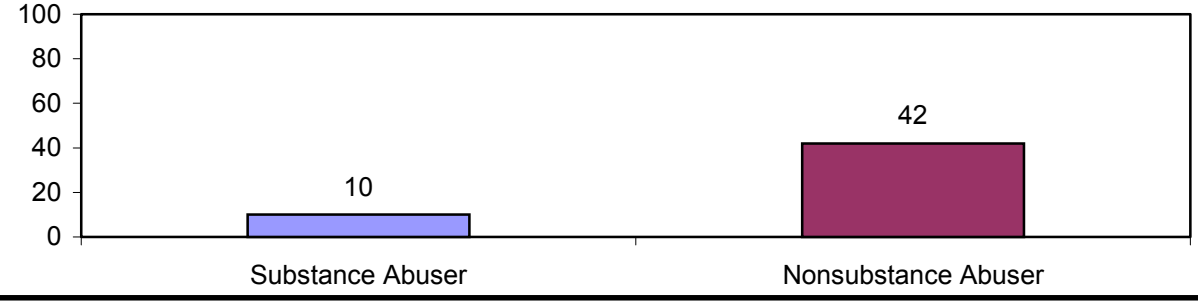


Figure 5.B presents findings on employment patterns during the past three years. About four in five substance abusers (81%) reported no work as the typical pattern of employment and only 10% reported being employed full-time for a majority of that period. Women in the non-affected sample reported significantly higher rates of employment with 55% reporting no work as the typical pattern of employment and 28% reporting working full-time for a majority of that period.

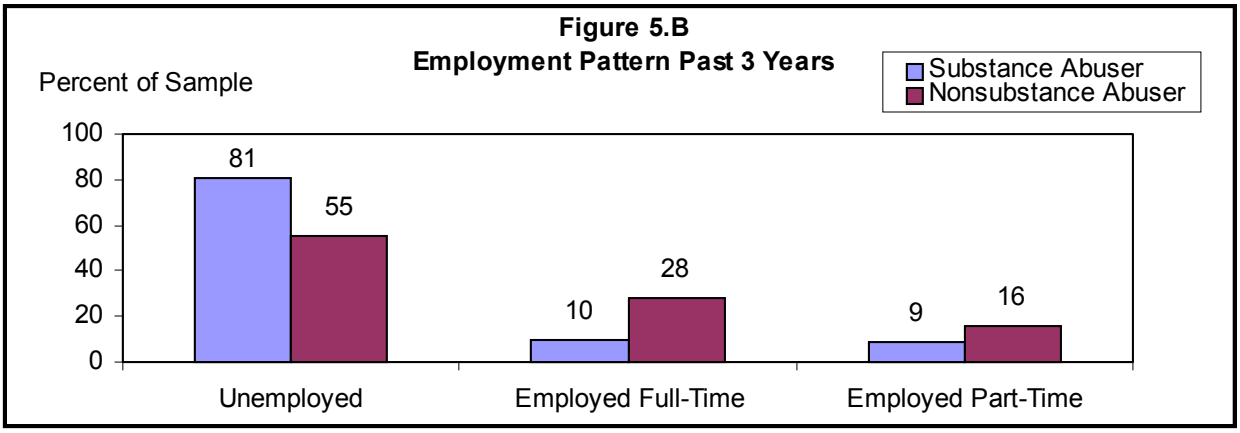


Figure 5.C presents findings on prior employment at some point in the past. The overwhelming majority of women in both samples reported working at some point and about two of three substance abusers (69%) and non-affected women (62%) reported working full-time for at least one year. There were no significant differences between samples for these indicators.

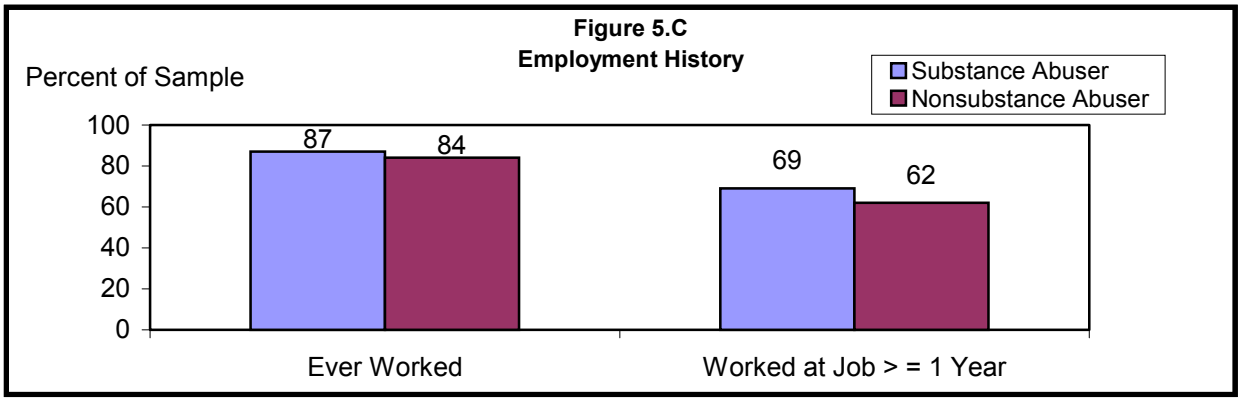
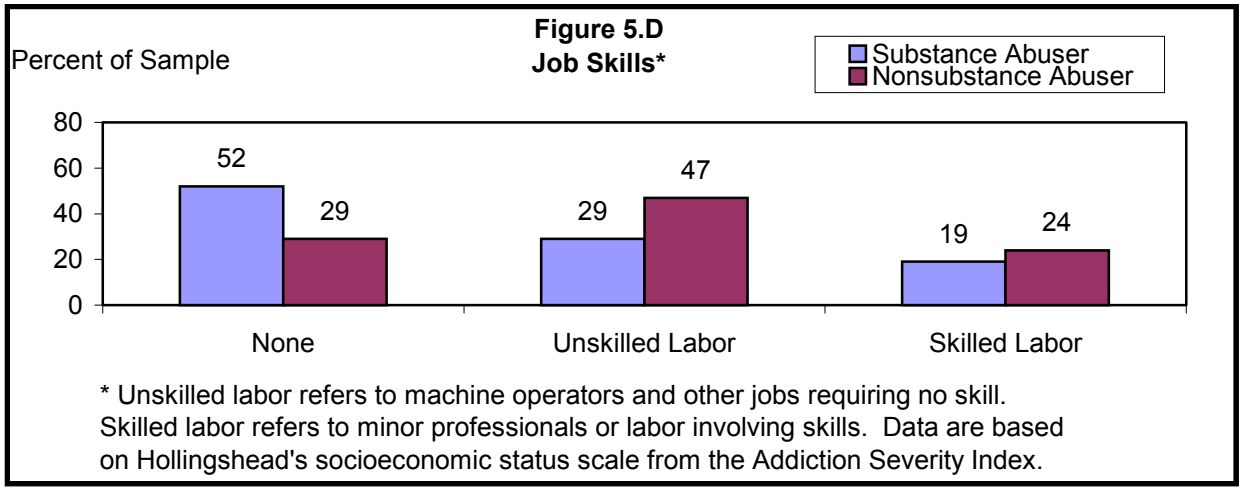


Figure 5.D presents findings on job skills as assessed by the Hollingshead Socioeconomic Scale (Hollingshead, 1975). Over half of substance abusing women (52%) reported no job skills and 19% reported having experience with skilled labor. Significantly fewer percent (29%) of women in the non-affected sample reported having no job skills.



In order to more fully assess job readiness, we created an index that combined education and job skills deficits. Low education was defined as not having a high school diploma. Low job skills was defined as having no identified labor market skills. Figure 5.E presents findings on job readiness. Almost half (45%) of the substance abusers had both deficits suggesting that low job readiness would be a significant barrier to employability. Only 16% of substance abusers had both completed high school and had some job skills. Women in the non-affected sample were rated as significantly higher on job readiness. About 28% had education and job skills deficits and 37% had completed high school and had job skills.

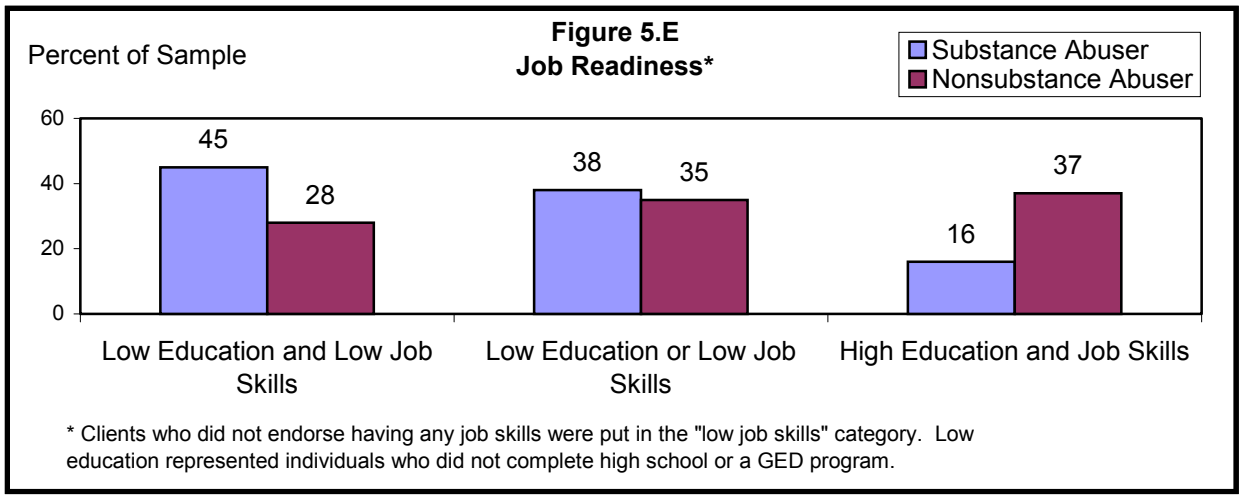
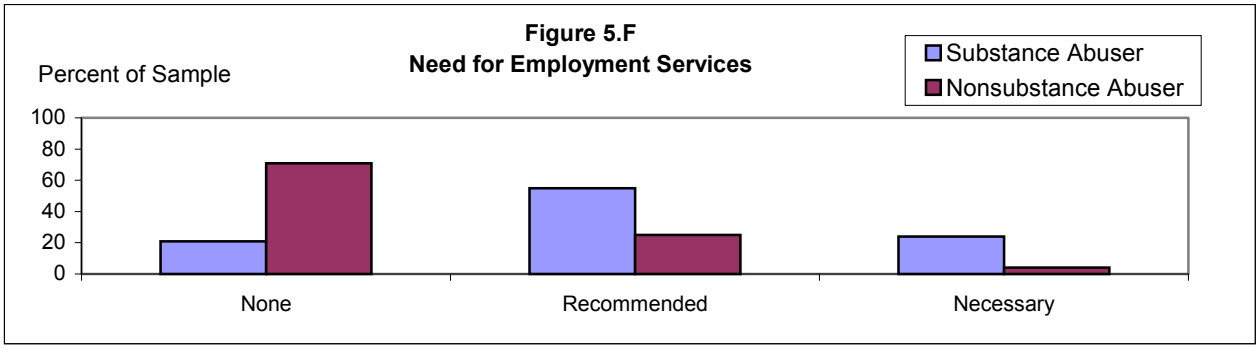


Figure 5.F reports findings on need for employment services. About 79% of the substance abuse sample required employment services. Significantly fewer (29%) of non-affected women required employment services.



Overall, the overwhelming majority of women in the substance abuse sample reported little work experience in recent past. Almost half had no high school diploma nor job skills, although the overwhelming majority did report a period of stable employment at some point in their lives. Women in the non-affected group reported significantly more work experience. Almost half reported working in the last three months and 37% had both graduated high school and had some job skills.

CHAPTER 6
BASIC NEEDS

Problems with housing, childcare, transportation, and neighborhood were assessed to determine need for basic services. Figure 6.A presents data on housing problems. Over half (51%) of women in the substance abuse sample reported living in temporary or unstable housing and one in four (25%) reported being homeless in the past three months. Women in the non-affected sample reported significantly fewer housing problems. However, about one in four (28%) also reported living in temporary or unstable housing in the prior three months.

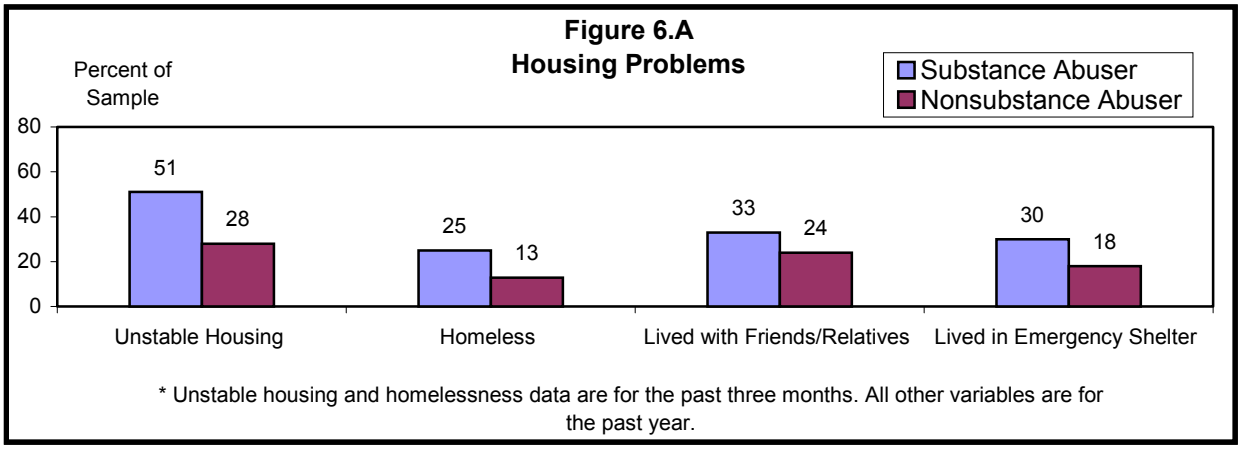


Figure 6.B presents findings on problems with childcare and transportation. About one in four women in the substance abuse (23%) and non-affected (26%) samples report having some problems with childcare in the past month. About 15% of both samples report those problems to be serious. About two of every three women (69%) in the substance abuse sample reported

problems with access to transportation and 40% reported these problems as serious. Women in the non-affected sample reported significantly fewer transportation problems.

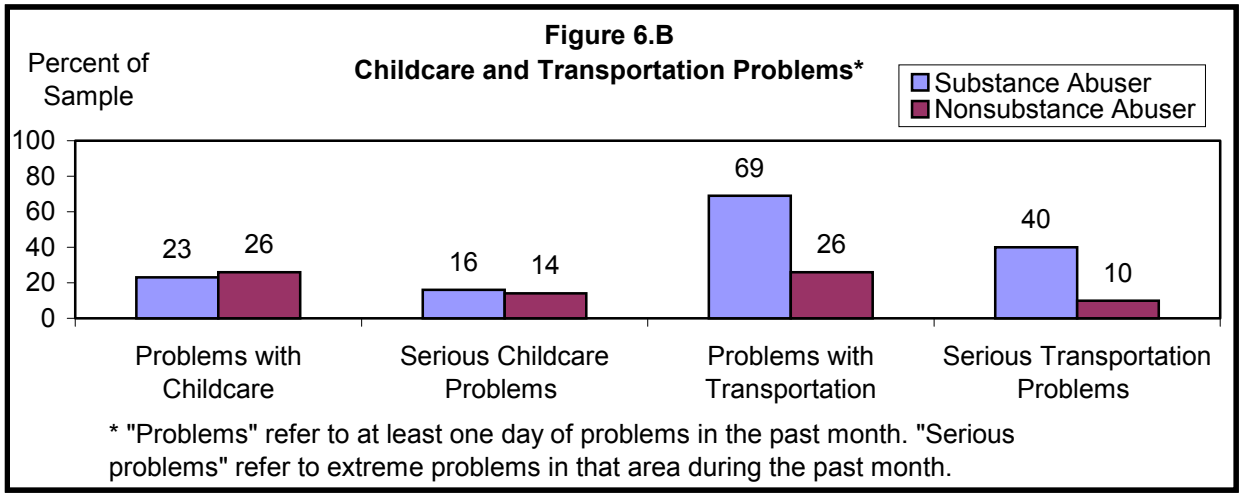
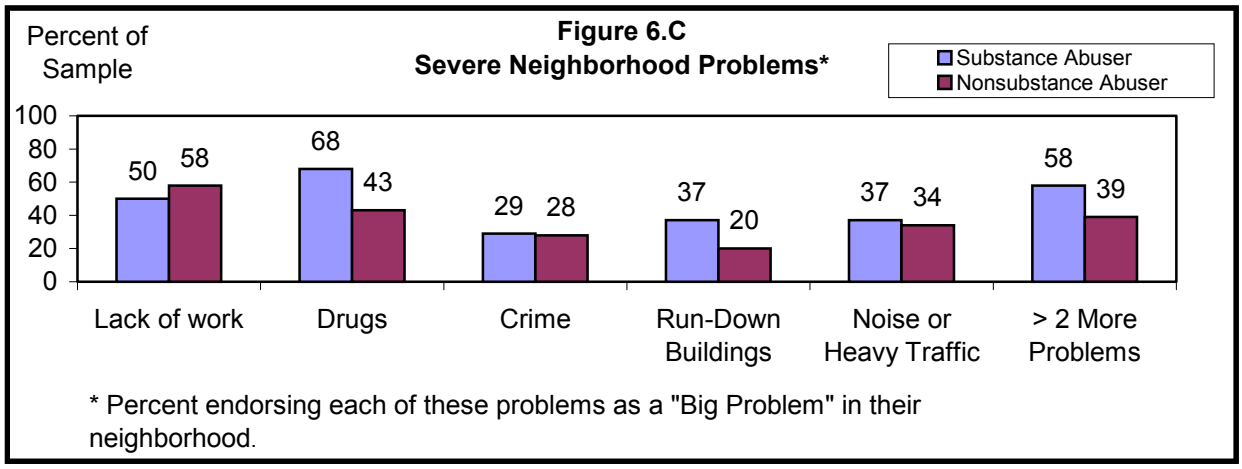


Figure 6.C reported findings on five neighborhood problems: unemployment, drug use, crime, run-down buildings, and environmental pollution. A substantial minority of both samples reported these areas as "big problems" in their neighborhoods. About three in every five (58%) substance abusers reported that two or more of these areas were big problems. Significantly fewer of the non-affected sample (39%) reported their neighborhoods had two or more of these problems. About two of every three (68%) of substance abusers reported drug use was a big problem in their neighborhood.



Overall, a majority of substance abusers experienced some problems with housing and transportation and a significant minority 15-40% reported experiencing a serious problem with securing adequate housing, transportation, or childcare. In addition, the majority of substance abusers live in neighborhoods where drug use and other factors seriously impact the quality of life. Women in the non-affected sample experienced significantly fewer housing, transportation, and neighborhood problems.

CHAPTER 7
MEDICAL PROBLEMS

Medical problems were examined by assessing the percent of the sample that reported significant medical problems, comparing the health status of the sample to that of the U.S. population, and rating of need for current medical care. Figure 7.A presents findings of the prevalence of current medical conditions that might present a barrier to employability. A substantial minority (45%) of the substance abuse sample reported having a chronic medical condition such as diabetes, high blood pressure, or asthma. A smaller percentage indicated that a medical problem limited (16%) or prevented them from working (11%). The non-affected sample reported having somewhat fewer medical problems. About 13% reported health problems that limited ability to work and 6% reported not being able to work because of a medical problem. The substance abuse sample reported a significantly higher percentage with a sexually transmitted disorder than the non-affected sample, with 11% reporting being seropositive for HIV.

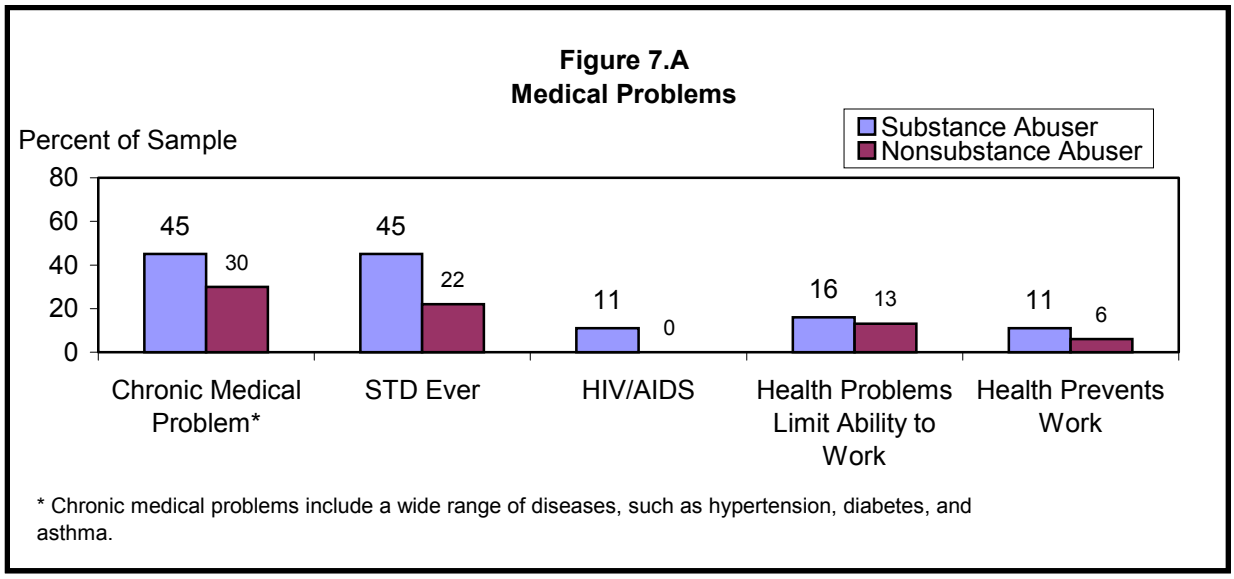
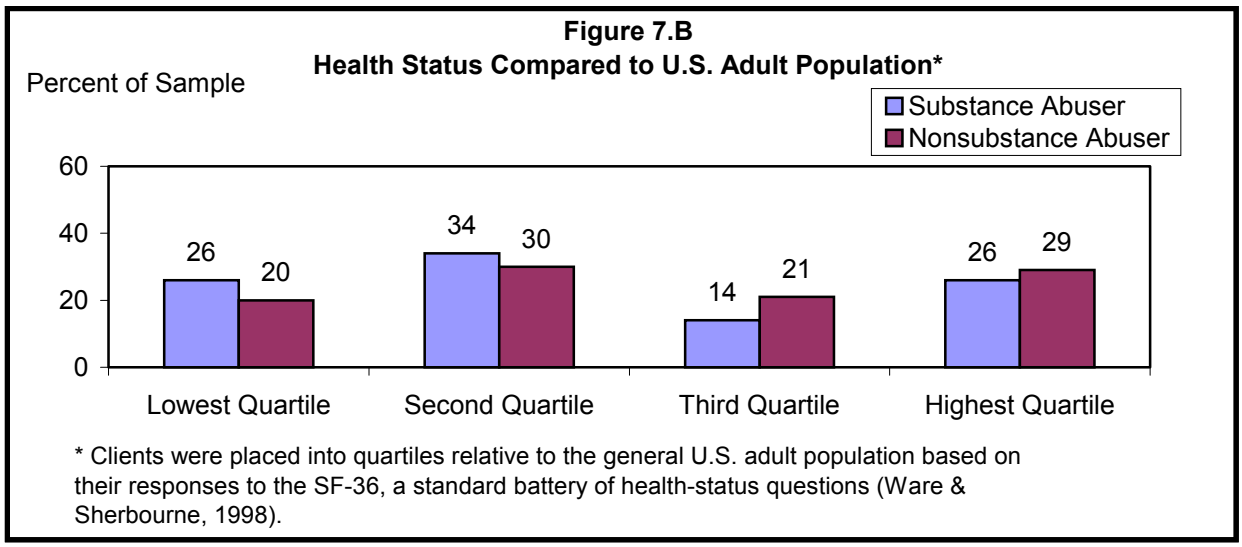
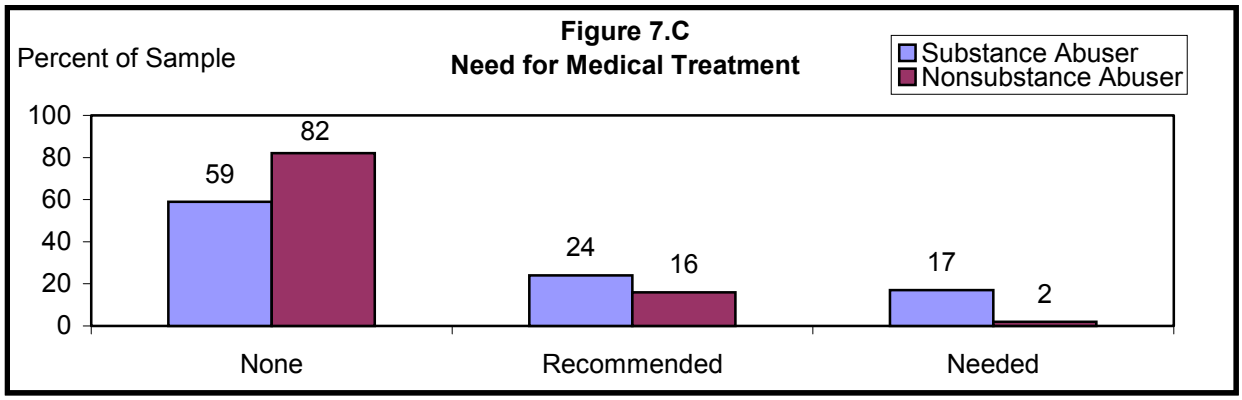


Figure 7.B presents data on participants health status as compared to United States norms. About 26% of the substance abuse sample and 20% of the non-affected sample reported being in the lowest quartile on physical health status. Scoring in the lowest quartile is an indicator of poor health and had been used to classify recipients as having a physical health barrier in prior welfare studies (Brown, 2001).



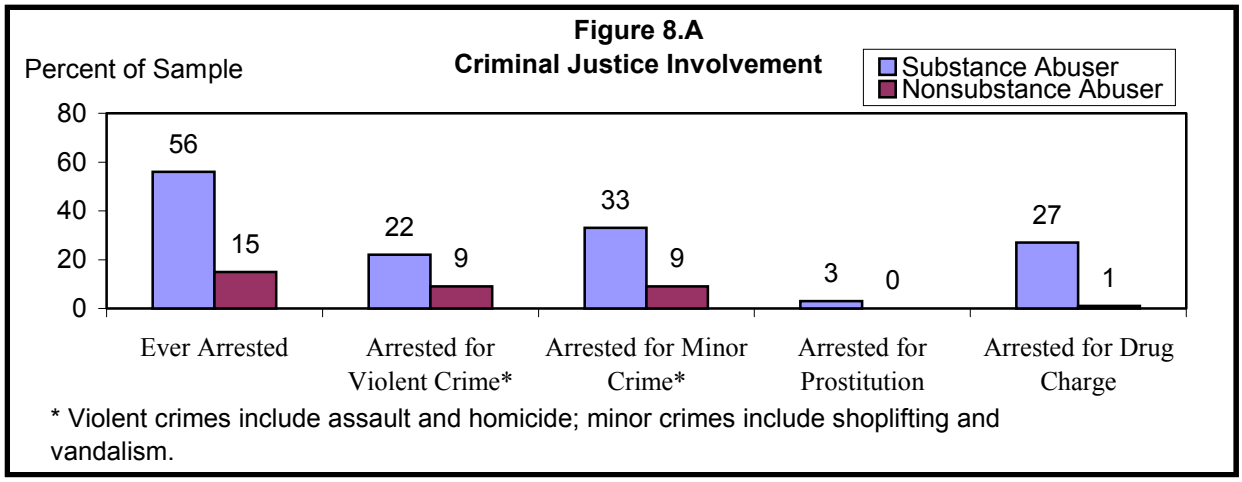
Figures 7.C reports current need for medical treatment. About 17% of the substance abuse sample were rated as requiring current treatment for a medical problem. Significantly fewer participants (<2%) from the non-affected sample were rated as requiring medical care.



Overall, about two in five women in the substance abuse sample reported chronic medical problems and about 16% indicated these problems would limit their ability to work or require current medical care. Women in the non-affected sample reported significantly fewer co-occurring medical problems. It should be noted that women who were medically deferred from a work activity were excluded from both samples.

CHAPTER 8
LEGAL PROBLEMS

Legal problems were assessed by examining arrest and incarceration histories, and need for current legal assistance. Involvement with the child welfare system is reported in the section on family problems. Figure 8.A and 8.B presents findings on arrests. Over half (56%) of the substance abuse sample reported being arrested. Most arrests were for drug charges or minor crimes, but 22% of the sample was arrested for a violent crime.



About one in three of the substance abuse sample had been arrested multiple times, with 11% reporting 5 or more prior arrests. A significantly smaller percent (14%) of women in the non-affected sample reported ever being arrested and only 2% reported multiple arrests. In addition, 8% of the substance abusers were on probation or parole at the time of study enrollment versus 1% of the non-affected sample.

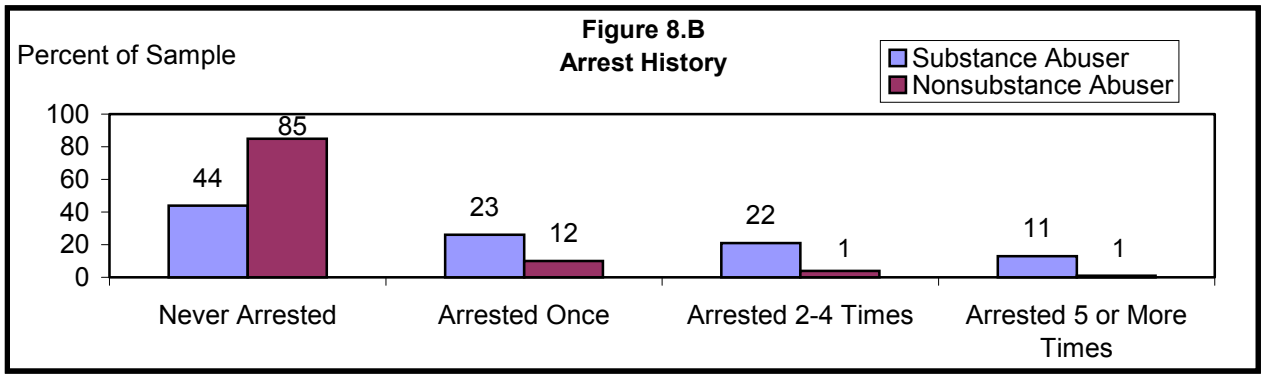


Figure 8.C presents findings on incarceration. About one in four women (25%) in the substance abuse sample has spent time in jail. A significantly smaller percent (5%) of women in the non-affected sample reported spending time in jail.

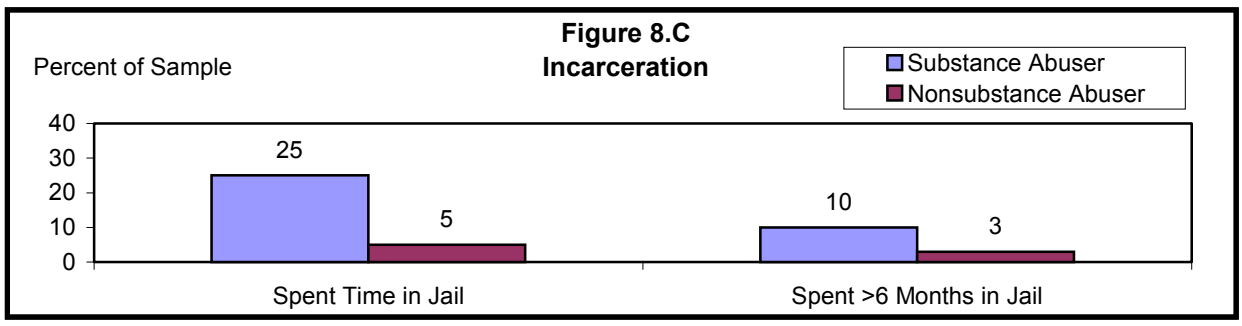
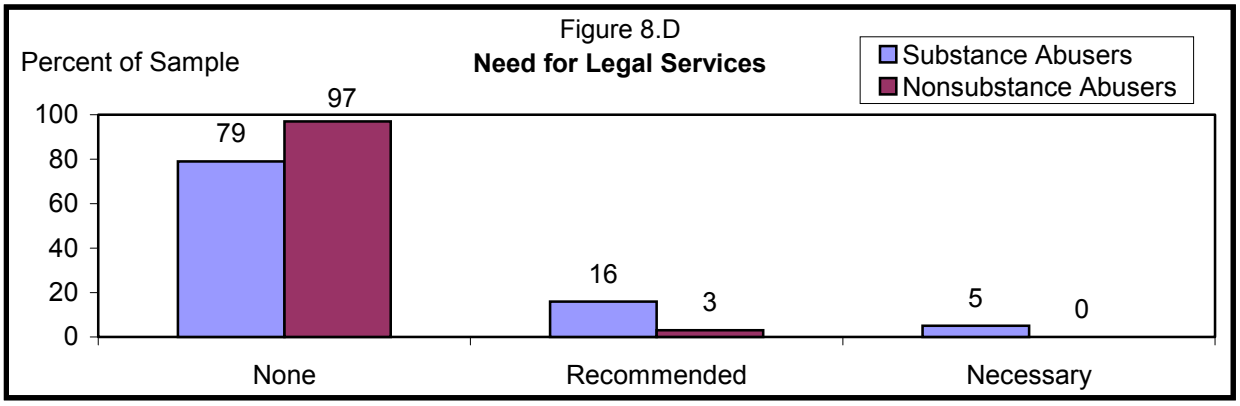


Figure 8.D presents ratings of need for legal assistance. About one in five women (20%) in the substance abuse sample required some type of current legal assistance. Need for legal assistance was significantly lower in the non-affected sample with only 3% requiring services.



CHAPTER 9
MENTAL HEALTH

Mental health problems were studied by examining current psychiatric diagnoses of major depression and post-traumatic stress disorder; the extent to which clients suffered other psychiatric symptoms; those who experienced physical or sexual abuse; how current mental health status compared to others in the United States; and a rating of current need for mental health services. Figure 9.A presents findings on rates of current major depression and post-traumatic stress disorder for the substance abuse and non-affected samples. Almost half (48%) of the substance abuse sample met criteria for either disorder as compared to 10% of the non-affected sample.

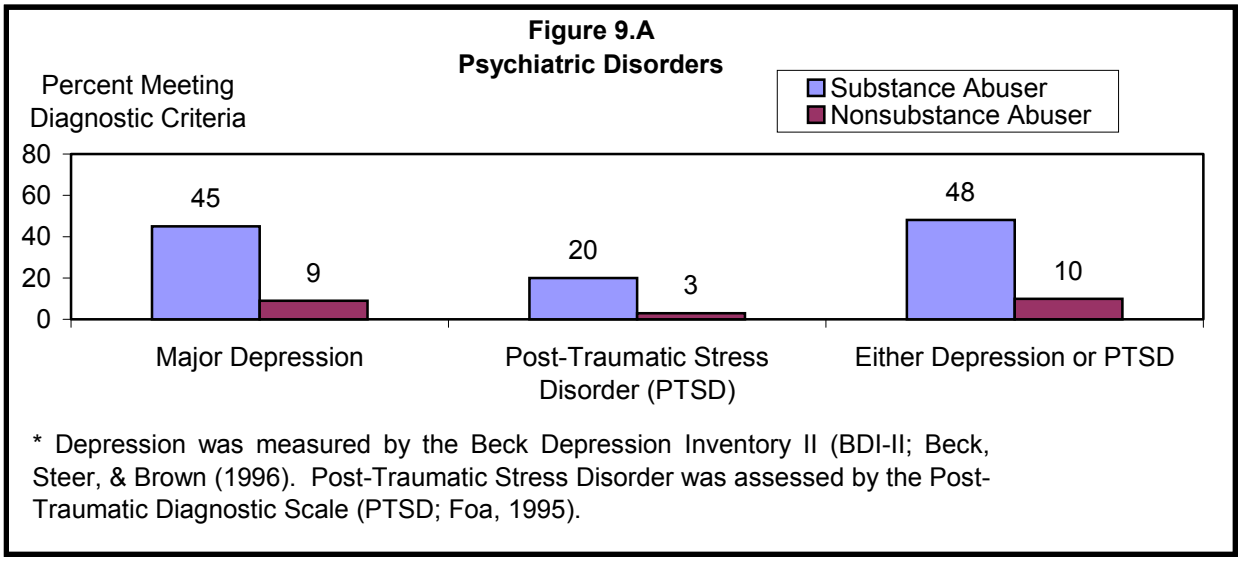


Figure 9.B presents findings of the percent of the participants who reported experiencing significant psychiatric problems not related to substance abuse at some point in their lives. The substance abuse sample experienced significantly more psychiatric problems than the non-affected

sample. Overall, a substantial minority of substance abusers experienced significant problems with depression, anxiety, and controlling anger. About one in four substance abusers reports attempting suicide.

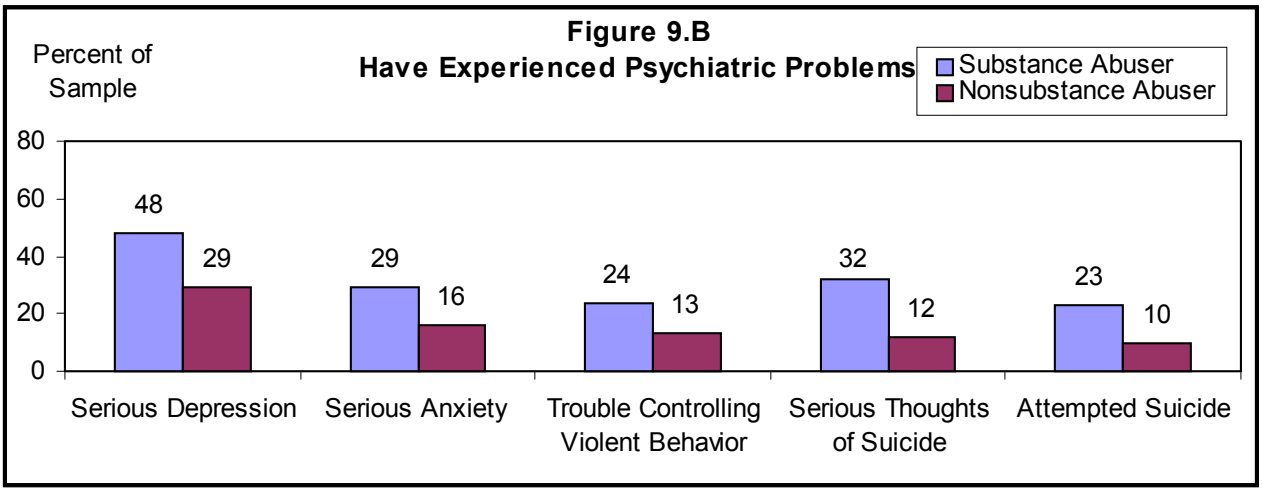


Figure 9.C presents findings of the percent of women reporting physical and sexual abuse. Almost half (49%) of substance abusers report being physically abused at some point in their lives and one-third (35%) report being sexually abused. Rates of abuse were significantly lower for the non-affected sample. However, about one in four women in the non-affected sample report being the victim of physical and sexual abuse.

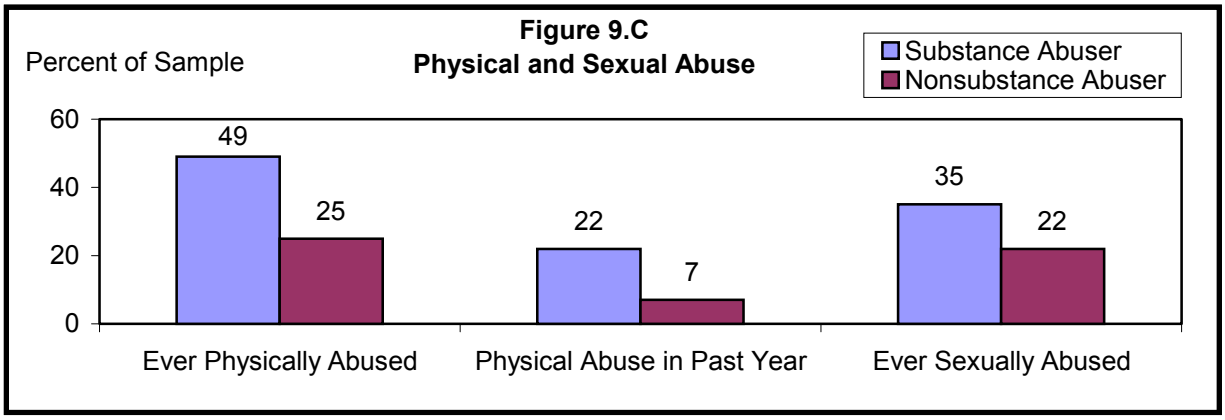


Figure 9.D compares mental health functioning of the substance abuse and non-affected sample to a representative sample of adults in the United States. Over half (57%) of the substance abuse sample scored in the lowest quartile versus one in five (20%) for the non-affected sample.

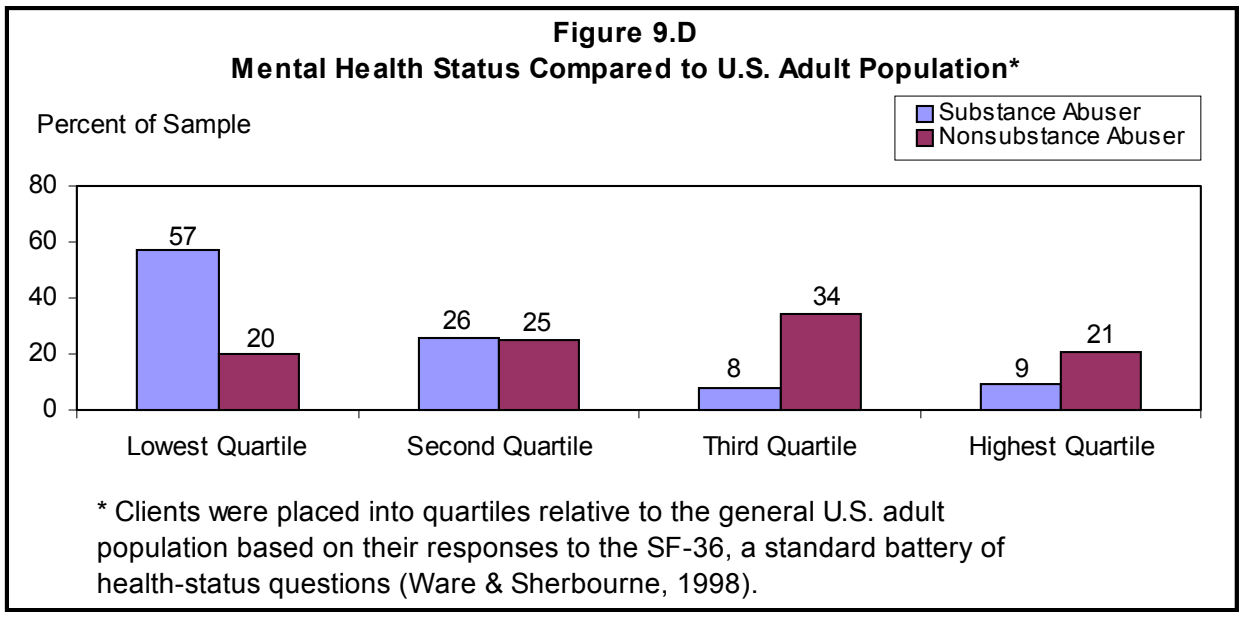
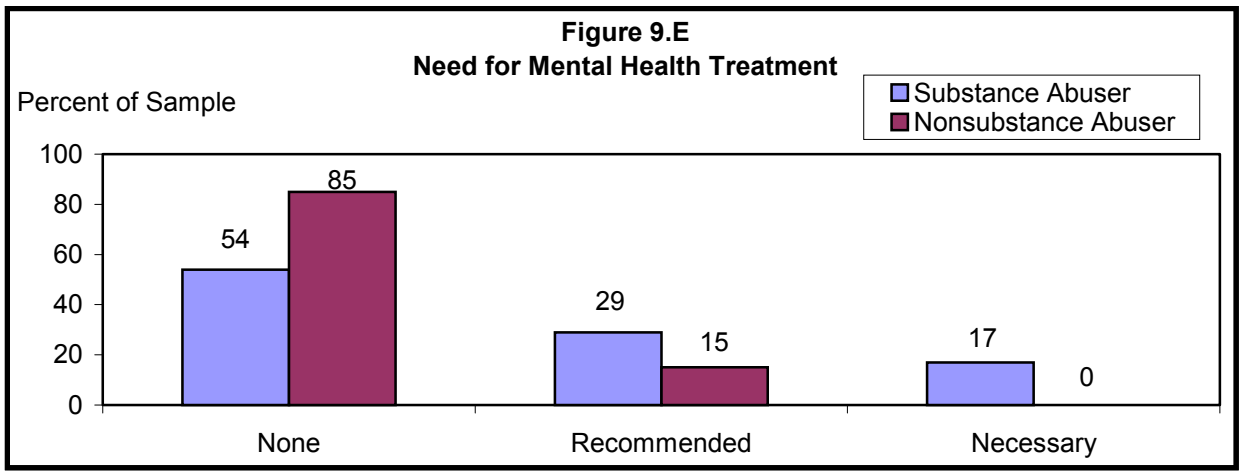


Figure 9.E presents interviewers' ratings of current need for mental health treatment based on a scale in the Addiction Severity Index. About 45% of the substance abuse sample were rated as requiring additional mental health treatment versus 15% for the non-affected sample.



Overall, the substance abuse sample experienced high rates of mental health problems with almost half meeting criteria for current major depression or post-traumatic stress disorder and over half scoring in the lowest quartile of mental health status compared to other adults in the U.S. A substantial minority of substance abusers reported being physically or sexually abused and almost one in four reported attempting suicide. In addition, interviewers rated almost half as requiring mental health treatment. The non-affected sample reported significantly fewer mental health problems with about 10% reporting a current mental health disorder and 15% requiring mental health treatment.

CHAPTER 10
FAMILY AND SOCIAL PROBLEMS

Family and social problems were assessed by examining the percent of women reporting having serious family problems; living with someone who drinks or uses illicit drugs; having weak social support; being the victim of domestic violence; being under investigation by child protective services; and need for family treatment. Substance abusing women reported substantial greater family and social problems as presented in Figure 10.A. About one in three (40%) reported experiencing serious family problems in the last month and 20% reported living with someone who drinks or uses drugs. A substantial minority of substance abusers report having low levels of social support: 32% reported spending most of their time alone, 43% reported having no close friends, and 57% reporting being greatly in need of emotional support. Women in the non-affected group reported significantly fewer family and social problems. About one in five women in the non-affected sample reported having a serious family problem or having low levels of social support.

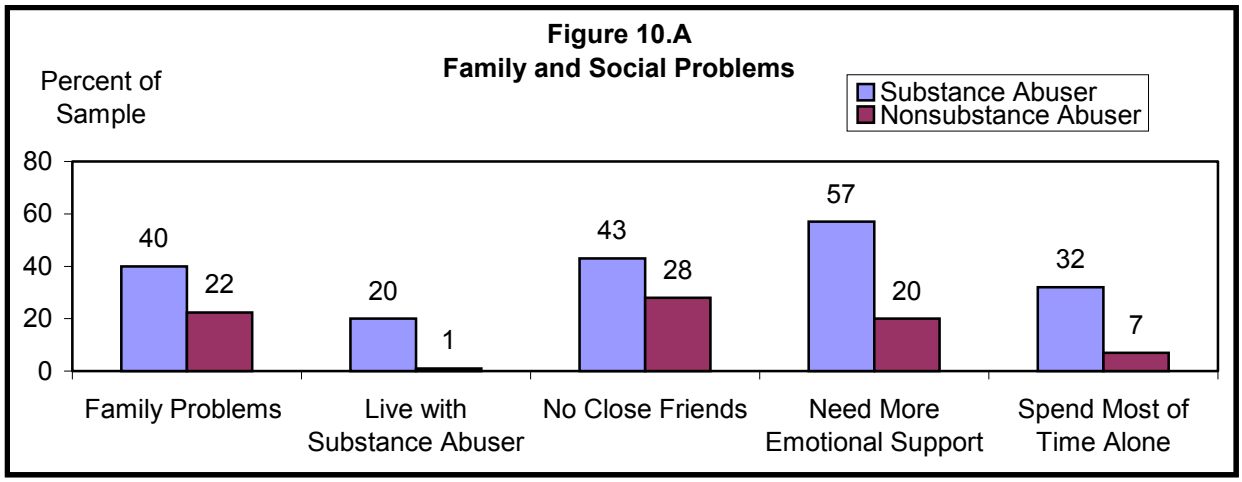


Figure 10.B reports on domestic violence within the last year. About 86% of the substance abusers had a partner during the past year compared to 59% of the non-affected sample. Substance abusers reported significantly higher rates of domestic violence than the non-affected sample. Differences were greatest in the area of physical violence. About 44% of substance abusers reported being the victim of partner physical violence (e.g., slapped, hit) and 31% reported being the victim of severe physical violence (e.g., beaten up, threatened with a weapon). About 23% of the non-affected sample reported being the victim of physical violence and 10% reported being the victim of severe physical violence.

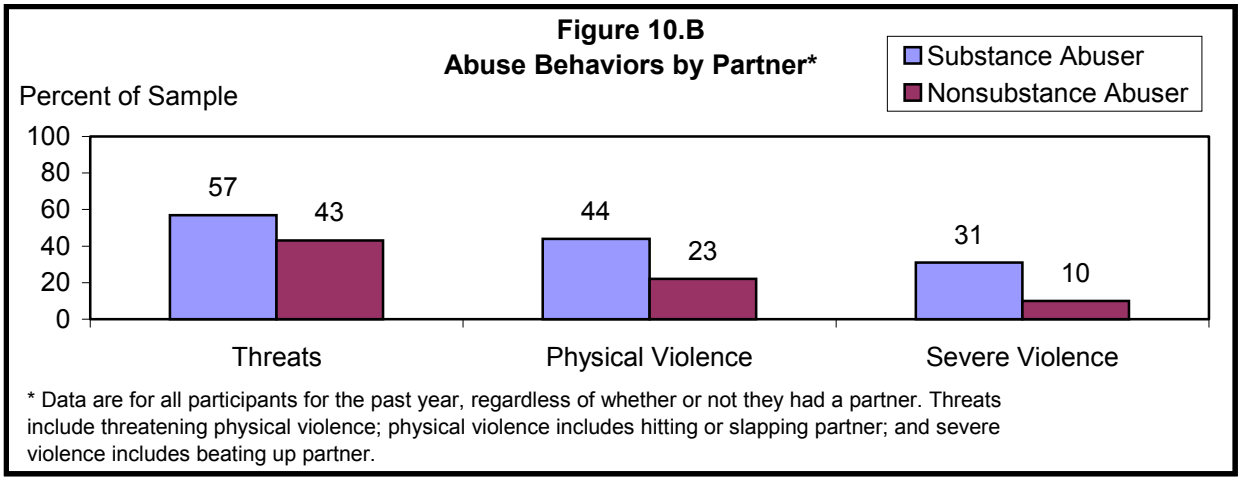


Figure 10.C reports on child welfare involvement. About one in three (34%) substance abusers were currently being investigated by child protective services and 84% had been investigated at some point in the past. The average number of investigations, among those ever investigated, was seven. Women in the non-affected sample had significantly less involvement with child protective services: 13% were currently under investigation and 48% had been under investigation at some point in the past. The average number of investigations, among non-affected women ever investigated, was four.

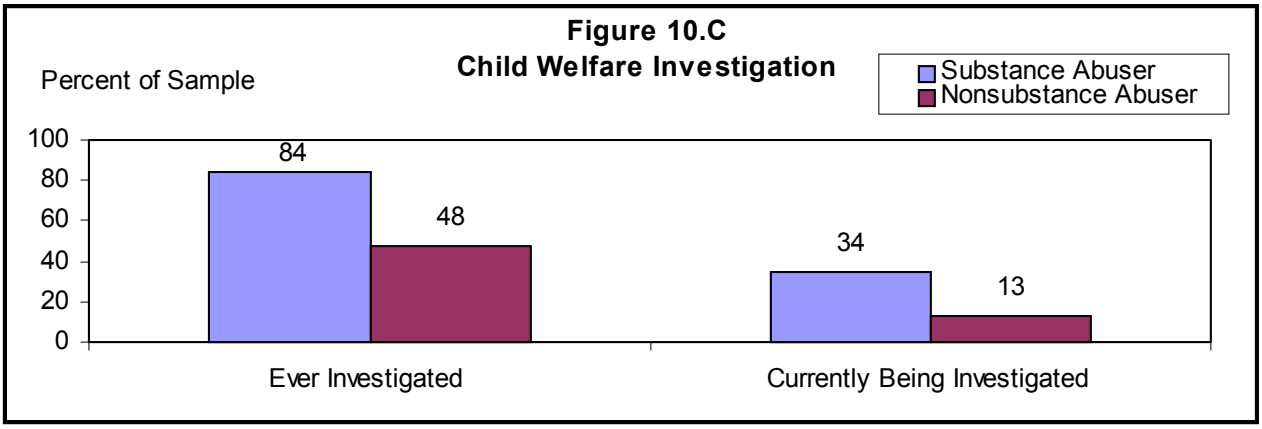
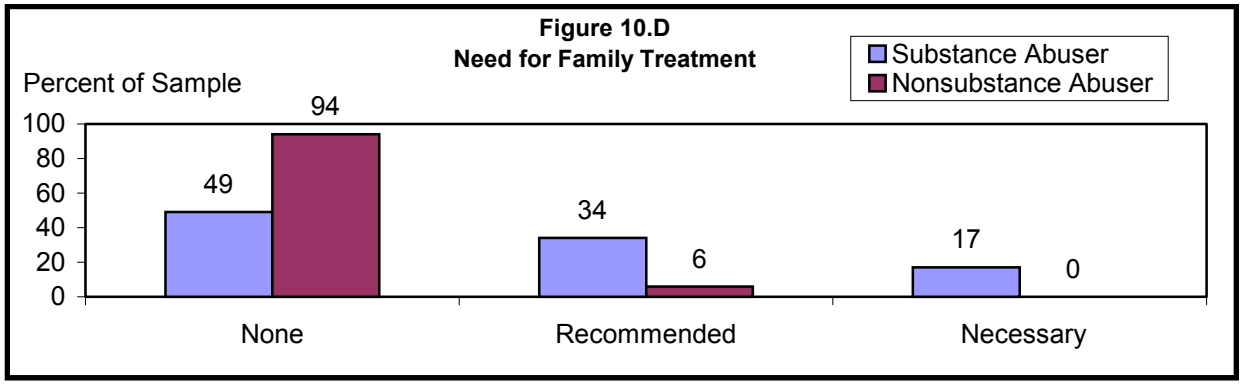


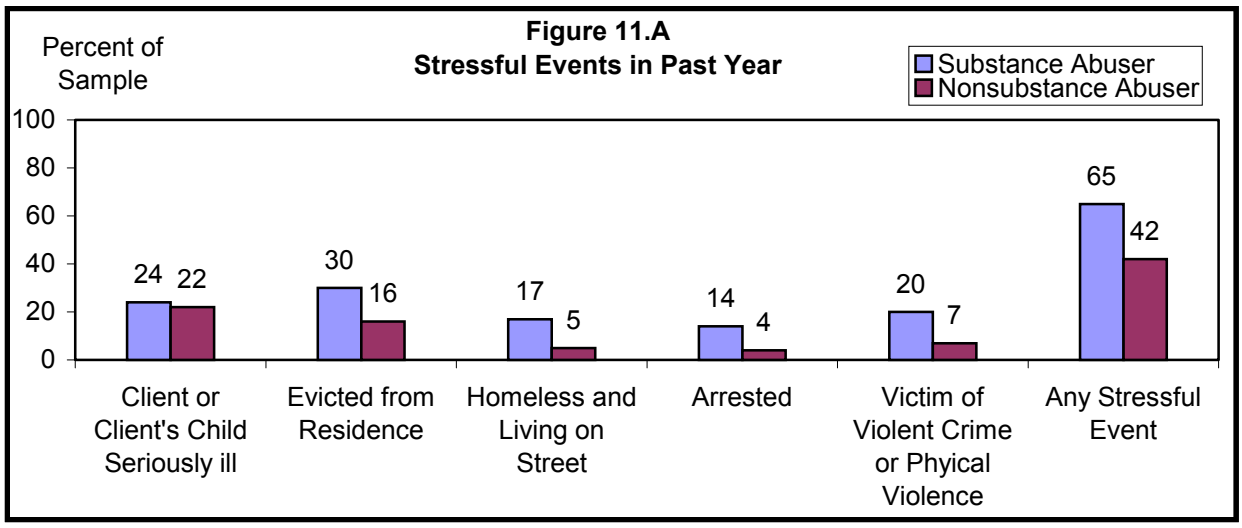
Figure 10.D reports on need for family treatment. Over half (51%) of substance abusers were rated as requiring some family treatment versus 6 percent for non-affected women.



Overall, substance abusers had high levels of family and social problems. More than half were rated as requiring family treatment in addition to substance abuse treatment. A significant minority of substance abusers reported serious conflicts with family members, low levels of social support, domestic violence, and were currently under investigation for neglecting or abusing their children. In addition, four in five substance abusers had been under investigation by child protective services at some point in the past. Women in the non-affected sample reported fewer family and social problems. However, about one in 10 reported either being the victim of severe physical violence from a partner or being under investigation by child protective services.

CHAPTER 11
MAJOR STRESSFUL EVENTS

Major stressful events that could affect the ability to secure or retain a job were assessed. Figure 11.A presents finding on the percent of participants who have experienced five categories of major stressful events within the last year. The substance abuse sample experienced significantly more stressful events than the non-affected sample in four of five categories, but the percent of all participants experiencing at least one stressful event was high. About two-thirds (65%) of the substance abuse sample and about half (42%) of the non-affected sample experienced at least one major stressful life event in the last year. Among substance abusers, the most prevalent type of stressful event was eviction from a residence, with almost one third (30%) reporting this had occurred. Among the non-affected sample, the most prevalent stressful event was a serious physical health problem of the participant or her child, with 22% reporting this had occurred. Overall, stressful events that could impact employability affected a substantial portion of women across samples.



CHAPTER 12
CHILD WELL-BEING

Child well-being was assessed by mothers' reports of childrens' behavioral, emotional, and physical health, risky behaviors, and school engagement, as compared with a national sample of children in the United States. The national sample data are taken from the 1997 National Survey of America's Families (NSAF) and represent single parents earning less than 50% below the national poverty level.

Substance-abusing mothers had more children then the non-affected sample (3.3 versus 2.8). Figure 12. A. presents the percentage of substance abusing and non-affected mothers who had at least one child in each of three age groups. In general, the children of the non-affected sample were younger, with 71% of the non-affected sample having at least one child under the age of five as compared to 40% of the substance-abusing mothers.

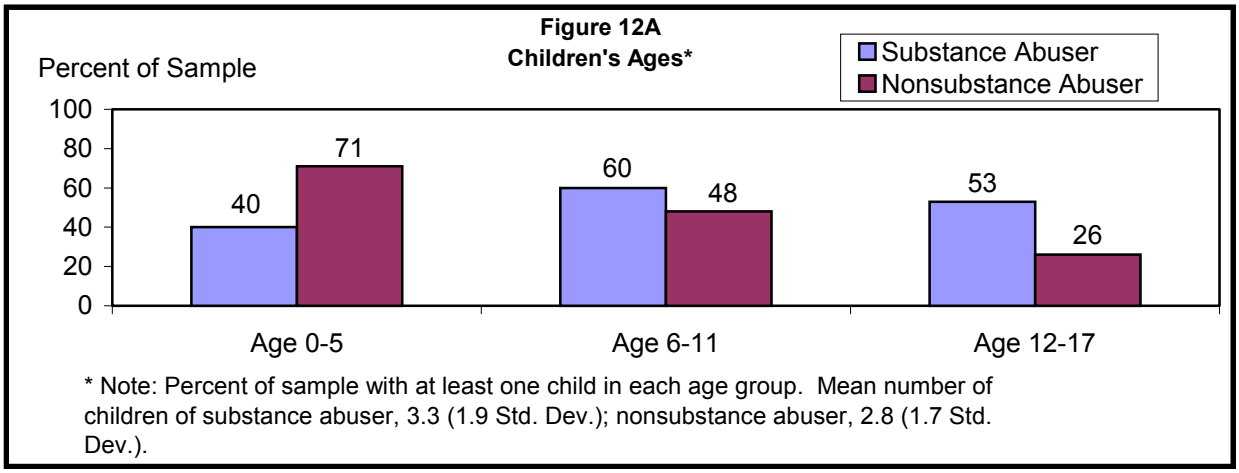


Figure 12. B. presents various child outcomes for children ages 0 to 5. On average, children of substance abusing mothers performed similarly to both the non-affected sample and a national normative sample on cognitive stimulation, physical health, and amount of contact with father.

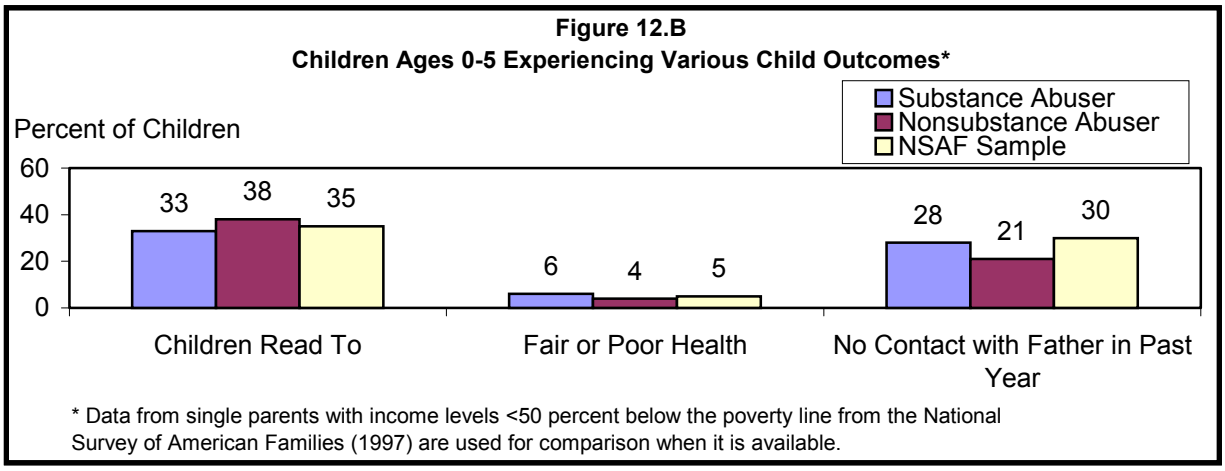


Figure 12. C. presents various child outcomes for children ages 6 to 11. Children of both substance abusing and non-affected mothers experienced similar levels of behavioral and emotional problems, although both groups of children experienced significantly more problems then the normative sample. Poor health was significantly higher in the children of substance abusing mothers, with 10% of them reporting fair or poor health.

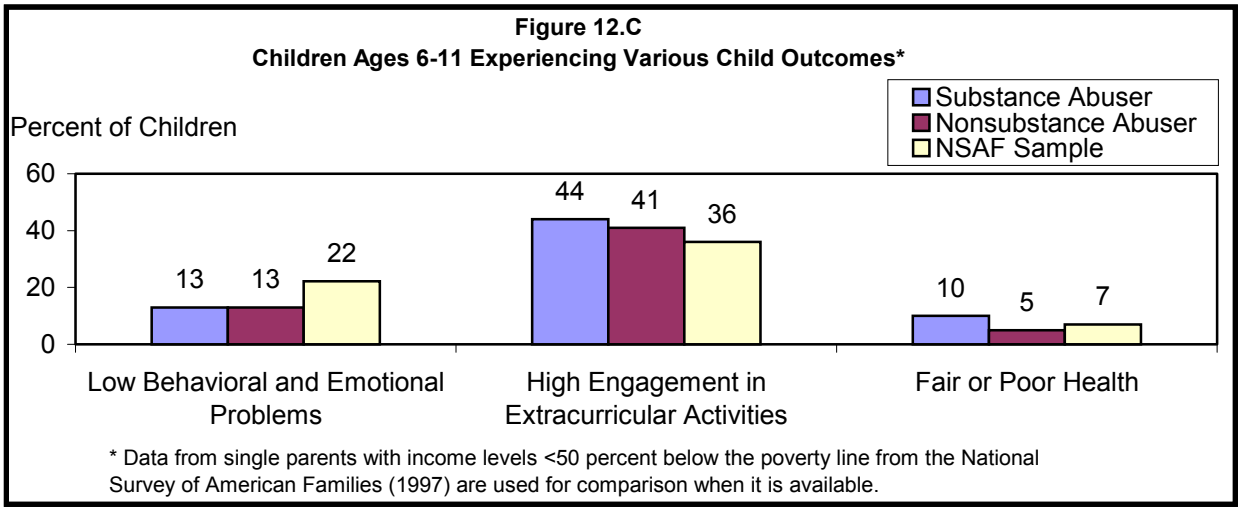


Figure 12. D. presents child outcomes for children ages 12-17. In general, children of substance abusing mothers experienced more behavioral and emotional problems, had poorer health, and were more likely to engage in risky behaviors such as having/fathering a baby prior to age 18 and being arrested when compared to children of non-affected mothers. Children from a national sample appeared to be worse than the non-affected sample but better than the substance-abusing sample on these variables.

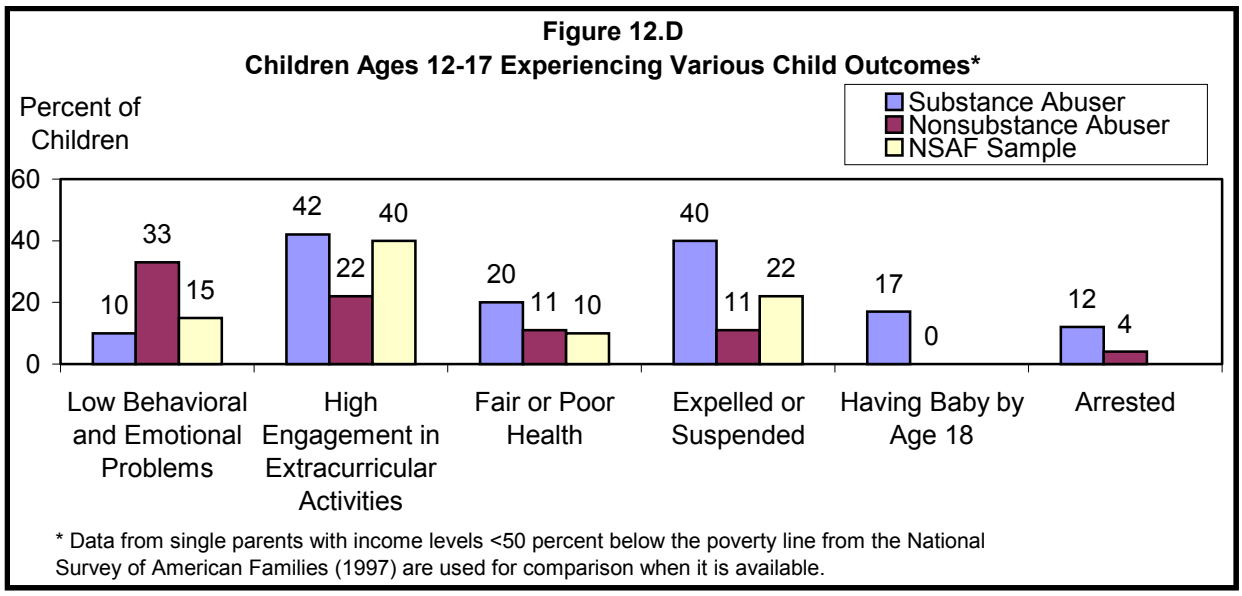


Figure 12. E. shows that children of non-affected mothers were less likely to have contact with their fathers than both the children of substance abusers and the national sample, while children of substance abusing mothers experienced lower school engagement than either of the two comparison groups.

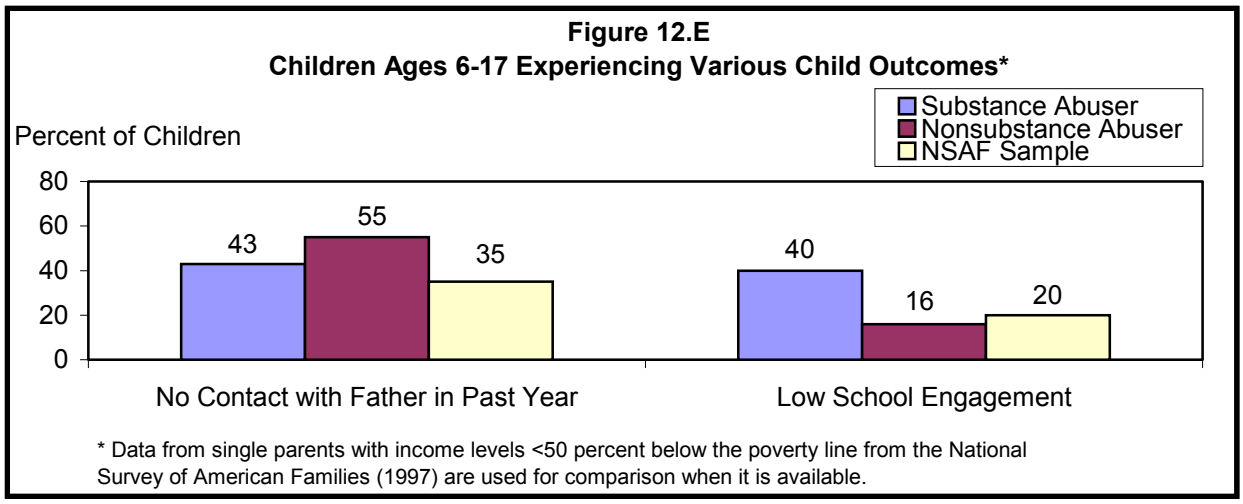
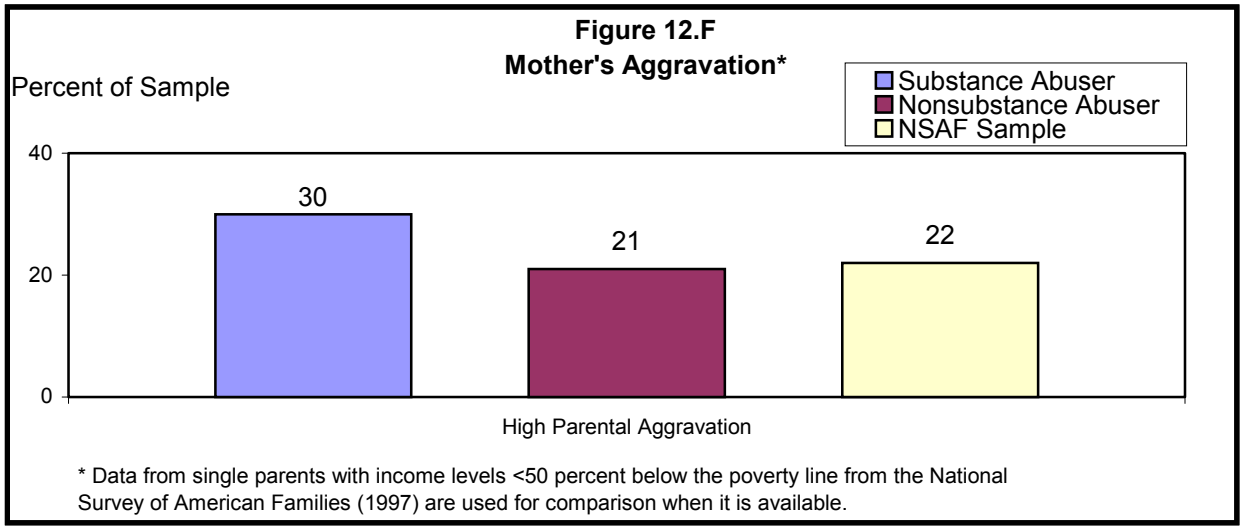


Figure 12. F. presents levels of aggravation reported by mothers. Results show that substance-abusing mothers experienced higher levels of aggravation with their children than either the non-affected mothers or the national sample of mothers.

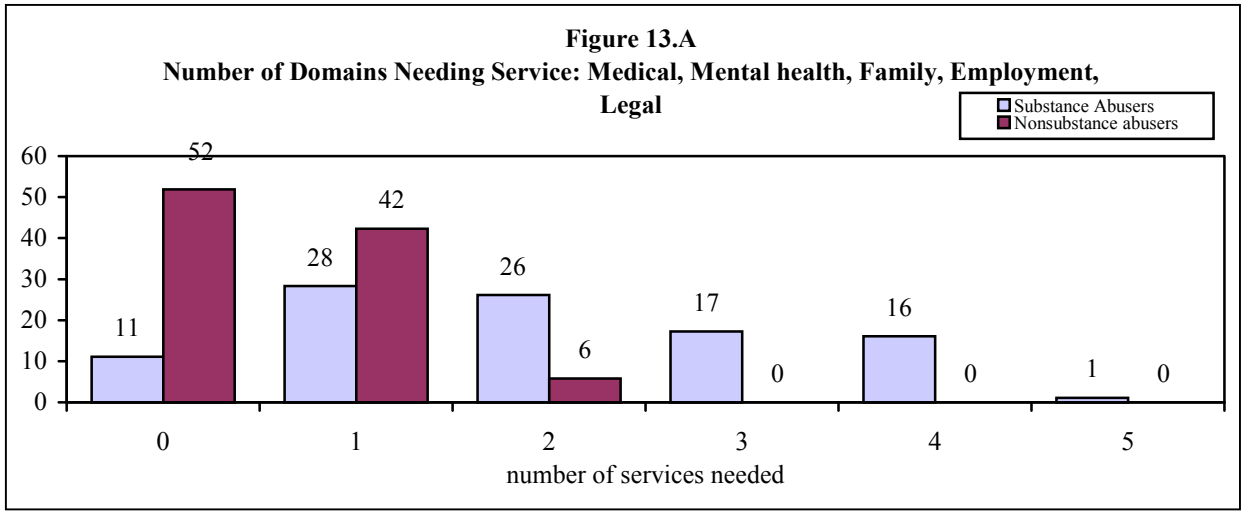
Overall, there were few significant differences between young children (ages 0-5) of substance abusing mothers and children of the non-affected sample. However, among older children (6-17), substance-abusing mothers reported more behavioral, emotional, and physical problems in their children and their children were more likely to engage in risky behaviors than

children of non-affected mothers or children in the national sample. These differences were greatest for the adolescents (age 12-17).



CHAPTER 13
NEED FOR ADDITIONAL SERVICES AND CO-OCCURRING BARRIERS ACROSS PROBLEM DOMAINS

This chapter examines the need for services in addition to substance abuse treatment and barriers to employment across problem domains reported in earlier chapters. Figure 13.A reports on need for services in the five areas: medical, mental health, family, employment, and legal problems. Women were categorized as needing service in these areas if interviewers rated them as such on the need for service rating scale. Over half (52%) of non-affected women were rated as not requiring additional services, 42% were reported as requiring services in one problem area (typically employment), and 6% were rated as requiring services in two problem areas. By contrast, only 10% of substance abusing women were rated as needing no additional services beyond addiction treatment. About 26% were rated as needing two additional services and 35% were rated as needing three or more services.



Danziger and colleagues (2000) have developed an approach to assess barriers to employment across problem domains. Their approach identifies barriers to employability in a variety of domains and then sums those barriers to create a barriers index. In their study, a greater number of barriers was strongly associated with women not being employed. We developed a similar set of barriers across different areas using the Danziger approach. Table 13.A reports the percent of women with barriers in 12 areas. Barriers included: education (less than a high school education); low work experience (unemployed past 3 years and no job skills); housing (homeless in past 90 days); transportation (severe transportation problems); childcare (severe childcare problems); physical health (fair or poor health and scoring in the lowest quartile compared to US adult population); child's physical health (child become seriously ill in past year); legal (ever arrested); mental health-depression (current depression diagnosis); mental health-PTSD (current post traumatic stress disorder diagnosis); domestic violence (severe physical domestic violence); and child welfare (current child welfare investigation).

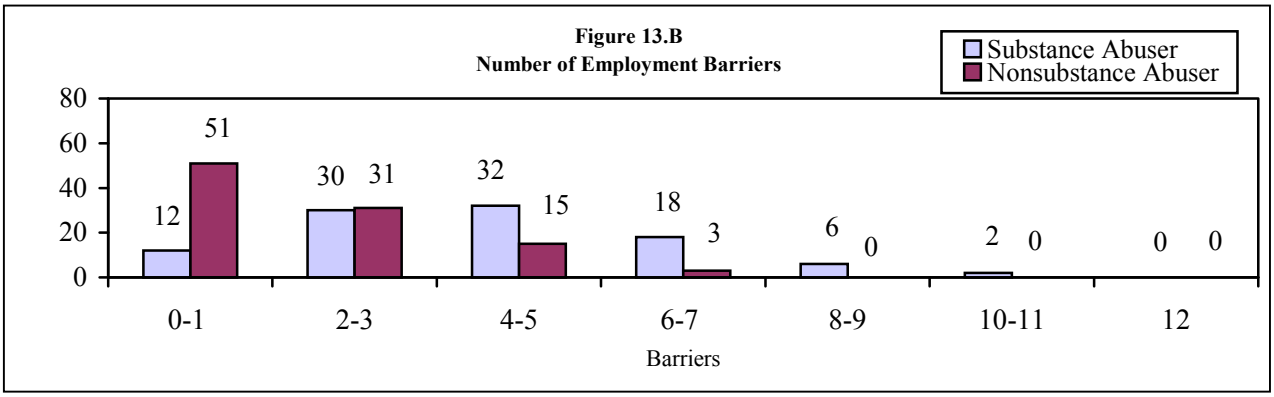
Table 13.A

Treating Substance Abusing Women on Welfare

Barriers to Employment

	Substance abusers	Non-affected Sample
Education	56	43
Low work experience	50	26
Housing	25	13
Transportation	40	10
Childcare	16	14
Physical health	14	16
Child's physical health	12	15
Legal	56	15
Mental Health - depression	45	9
Mental Health - PTSD	20	3
Domestic Violence	38	13
Child welfare	34	13

Next we summed the number of barriers to create an index from 0-12. Figure 13.B reports the percent of women experiencing different numbers of employment barriers. Non-affected women experienced significantly fewer barriers than substance abusers: 51% experience none or one barrier, 31% experienced two or three barriers, 15% experienced four or five barriers, and 3% experienced six or more barriers. About 12% of substance abusers experienced none or one barrier, 30% experienced two or three barriers, 32% experienced four or five barriers, and 26% experienced six or more barriers.



Overall, substance abusers experienced the need for additional services in multiple domains beyond just substance abuse treatment. The majority required services in at least two additional domains and about one in three required services in three or more domains. In addition, both groups reported barriers to employability. For non-affected women, the most prevalent barriers were in the areas of education and work experience. The majority of non-affected women reported having up to three barriers to employment. Substance abusers reported significantly more barriers. The most prevalent barriers for substance abusers were in the areas of legal, educational, work experience, mental health, and transportation. The majority of substance abusers experienced four or more employment barriers not counting their substance abuse problems.

CHAPTER 14
DISCUSSION

About half of states have implemented some type of screening program in welfare settings to detect substance use problems (Legal Action Center, 2001). This is the first study to systematically examine the characteristics and service needs of women screening positive who also meet criteria for a substance dependence diagnosis. Overall, substance abusing women reported moderate to severe substance use problems of a long standing nature and were assessed as requiring intensive substance abuse treatment. In addition, they reported high rates of co-occurring problems in the areas of employment, mental health, domestic violence, child welfare involvement, legal, and basic needs. Substance abusing women differed significantly from their non-affected counterparts in being older, spending more time on welfare, and having more co-occurring problems. These differences were not only statistically significant, but substantial in magnitude. In many cases, the rates of co-occurring problems were 2-3 times as great among substance abusers.

Relationship to Findings in Other Studies

Findings that substance abusing women on TANF experience high rates of co-occurring problems are consistent with the limited number of studies that have been conducted in this area. McLellan and colleagues (2001) found a very similar pattern of co-occurring problems in a sample of 760 substance abusing women on TANF entering treatment at 10 sites in a national treatment demonstration project for this population. Statewide studies of TANF recipients in New Jersey, South Carolina, and Connecticut found that substance abusing women had significantly higher rates of mental health, health, employment, legal, and family problems than other recipients (Kasten et

al., 2001; Klein et al. 1999; Schottenfeld et al., 2000). The magnitude of the differences reported in the Klein et al. study were similar to those reported here.

Women in the non-affected sample also reported experiencing a variety of barriers to employment. Prevalence rates of behavioral health problems were lower in this sample than those reported in other studies of TANF populations (e.g., Chandler & Meisel, 2001; Danziger et al., 2000). These differences are likely due to differences in sample composition. Most barrier studies do not report findings for substance abusers compared to those without a substance use disorder. In addition in this study, the non-affected group did not have a substance use disorder in the past five years. Excluding women with even minor substance use problems likely contributed to lower rates of behavioral health problems like depression and domestic violence.

Limitations

Findings on substance abusers are limited by the study design which assessed women identified using screening procedures in one urban county in the Northeast. Findings do not automatically generalize to all TANF recipients with substance dependence. In addition, a primary exclusion criteria in this study was seeking or being treated in a methadone maintenance program. Thus, findings do not apply to this group. We are examining problem profiles of women in methadone maintenance treatment.

As indicated above, findings on barriers occurring in the non-affected group are not easily comparable to those of other studies, because of the unique selection criteria that excluded even minor substance use problems. In addition, women were excluded from the study if they were deferred from a work activity for a medical reason. Thus, rates of medical problems in both the substance abuse and non-affected samples are likely to be lower than in studies that report on the entire welfare caseload. In addition, high rates of refusal in recruiting non-affected women also raise some questions about the representativeness of this group.

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