

# List of NSCAW-Related Publications

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## **List of NSCAW-Related Publications**

This document includes all published articles that use data from the National Survey of Child and Adolescent Well-Being (NSCAW), a project sponsored by the Administration on Children, Youth and Families in the U.S. Department of Health and Human Services.

To find a publication relevant to your research interest, try doing a Find on a particular phrase.

The latest version of the Database will be maintained at the National Data Archive on Child Abuse and Neglect web site ([www.ndacan.cornell.edu](http://www.ndacan.cornell.edu)).

Help keep the NSCAW Publications Database up to date! Let the Archive know when you publish an article from your own NSCAW research or find an NSCAW publication in the literature that is missing from the list. Contact the Archive at [ndacan@cornell.edu](mailto:ndacan@cornell.edu).

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## Alcohol, Drug and Mental Health Service Need for Caregivers and Children Involved with Child Welfare

*Child Protection: Using Research to Improve Policy and Practice (Ron Haskins, Fred Wulczyn, and Mary Bruce Webb, Eds.)*

Washington, D.C.: Brookings Institution Press, 2007

### Authors: *(publication order)*

Ormrod, Richard  
Orton, Heather D.  
Barth, Richard P.  
Burns, Barbara, J.

### Keywords:

Behavior problems  
Mental health  
Substance use  
Mental health services  
Services for substance use

### Dataset:

Child Interview  
Caregiver Interview  
Caseworker Interview  
Baseline  
Wave 3  
Wave 2 data used to fill in gaps in Wave 3 data.

### Sample:

Caregivers and Children 2-14 years at baseline whose caregivers were the same in both rounds (n = 1,876)

### Research Aims and Analysis:

Examined co-occurrence of caregiver alcohol, drug, and mental health (ADM) problems with children's behavioral problems as well as the relationship between children's behavioral problems and caregiver services for ADM.

### Results:

Prevalence of children's baseline behavioral problems as a function of caregiver ADM problems was 54.8% in comparison to 28.6% for children whose caregivers had no ADM problems. The highest rate of children's behavioral problems was found for children of caregivers with baseline substance dependence as measured by the CIDI-SF — 51.9% had elevated externalizing CBCL scores. Highest prevalence of children with elevated internalizing scores (34%) was found for caregivers with serious mental health problems at baseline as judged by caseworker. Multivariate analyses indicated that children with significantly elevated externalizing scores at baseline were more than 3 times as likely to have a caregiver with a baseline ADM problem — probably mediated through impaired parenting. Youngest children were 1.8 times more likely to have a caregiver with a baseline ADM than oldest children. Caregivers with impaired parenting skills were more than 3 times more likely to have baseline ADM problems. Analyses examining service receipt among caregivers who had baseline ADM problems indicated: caregivers of children with externalizing problems were more than 3 times as likely to receive mental health services; caregivers of children who were in-home at baseline were 70% less likely to receive services for substance use; caregivers of the youngest children were 80% less likely to receive substance use services; caregivers of female children were 50% less likely to receive mental health services; Hispanic caregivers were 11 times more likely than caregivers from other ethnic groups to receive substance use services; Black caregivers were 80% less likely to receive mental health services than caregivers from other ethnic groups. The finding that caregivers of children at home were less likely to receive mental health services is a cause for concern.

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## **Mental Health and Substance Abuse Services to Parents of Children Involved with Child Welfare: A study of Racial and Ethnic Differences for American Indian Parents**

*Administration and Policy in Mental Health and Mental Health Service Research*

Vol. 34, pp. 150-159, 2007

### **Authors:** *(publication order)*

Libby, Anne M.  
Orton, Heather D.  
Barth, Richard P.  
Webb, Mary Bruce  
Burns, Barbara, J.  
Wood Patricia A.  
Spicer, Paul

### **Keywords:**

Child welfare  
Mental health  
Substance abuse  
American Indian  
Disparities

### **Dataset:**

Caregiver Interview  
Caseworker Interview  
Baseline  
Wave 2

### **Sample:**

Caregivers who were the same between baseline and wave 2 (n = 3,425)

### **Research Aims and Analysis:**

Examined the extent of mental health and substance abuse problems as well as disparities in health care among caregivers as a function of ethnicity. Analysis: Multivariate logistic regression was used to examine the effect of baseline caregiver and child characteristics and caregiver risk factors on caregiver service receipt of substance use and mental health problems at 18 months post-baseline.

### **Results:**

In comparison to other racial/ethnic groups, American Indian (AI) caregivers had the highest prevalence of mental health (MH) and emotional problems (23.4%). AI caregivers had lower prevalence (7.5%) of substance use (SU) than Whites or Blacks. Among caregivers with MH problems at baseline, only 5.2% of AI caregivers received a formal assessment, which was the lowest of any group; of those who had an assessment, nearly all were considered to have a serious or moderate impairment (98.9%). AI caregivers were the least likely to receive services of any group (3.6%) though they were not the least likely to be referred for services. Hispanic caregivers were the most likely to receive a formal assessment, have a referral, and receive MH services. AI caregivers were the most likely to receive an assessment for a SU problem and to receive a referral and services—almost twice as many AI caregivers were referred to SU services as compared to White, Black, and Hispanic caregiver. Overall, 36% received some kind of SU service, usually outpatient services. Unlike other racial groups, no AI caregivers received inpatient services for either MH or SU problems, intensive day treatment for MH problems, or detox for SU problems. Among those with baseline MH and/or SU problems, race and age of child were associated with receipt of MH services. AI caregivers were significantly less likely to receive MH services than were White (OR 7.4), Black (OR 3.1), or Hispanic (OR 10.5) caregivers. Caregivers with preschool children were 4 times more likely to receive MH services than caregivers with an adolescent. Having only a SU problem decreased chances of receiving services (OR .36). Caregivers with a child in-home were less likely than those with an out-of-home placed child (OR .43) to receive SU services and having only a MH problem decreased chance (OR .09) of receiving SU services. Findings indicate that SU problems receive more attention by CWS despite need for MH services.









































































