CRD summary
The authors concluded that findings suggested integrated programmes for women with substance-abuse issues and their children may be associated with a small advantage over non-integrated programmes in length of stay. The authors’ cautious conclusions and recommendations for further research reflected the evidence presented and are likely to be reliable.

Authors' objectives
To evaluate the effects of integrated treatment programmes on length of stay and treatment completion for mothers with substance abuse issues.

Searching
PsycINFO, PubMed, Web of Science, EMBASE, ProQuest Dissertations, Sociological Abstracts and CINAHL were searched for studies published in English between 1990 and 2007; search terms were reported. Reference lists of retrieved articles and eight relevant journals were searched for additional articles. Experts in the field and researchers who presented at relevant conferences identified using Google and Cross Currents were contacted.

Study selection
Randomised controlled trials (RCTs) and quasi-experimental studies that compared integrated treatment programmes with non-integrated programmes for women with substance abuse problems at baseline who were pregnant or parenting were eligible for inclusion. Eligible programmes had to include at least one substance-use treatment and at least one child (under 16 years) treatment service (such as prenatal care, child care and parenting classes). Studies of smoking cessation programmes were excluded. Studies had to report quantitative data on parenting or length of stay, treatment completion, maternal substance use, maternal well-being or child well-being. The outcomes of interest were length of stay and treatment completion.

Integrated programmes included (where reported) long-term residential substance abuse treatments, integrated intensive outpatient programmes, outpatient drug treatments, methadone clinic plus mother's groups, pregnancy substance abuse programmes and a parents programme. Comparison groups were non-integrated treatment programmes or standard therapeutic care. Duration of programmes ranged from three to six months (where reported).

Assessment of study quality
The quality of RCTs was assessed using the Jadad Scale of randomisation, blinding and withdrawals and drop-outs (maximum score 5). The quality of the non-randomised studies was assessed using the Newcastle-Ottawa Scale of study group selection, comparability of groups and outcome measurements (maximum score 9).

Data extraction
Data were extracted for the relevant outcomes to enable calculation of effect sizes (ES). One reviewer extracted data from all the studies and a second reviewer independently extracted data from 20% of the included studies. Disagreements were resolved by consensus. Study authors were contacted for missing data.

Methods of synthesis
Data were pooled to calculate effect sizes (Cohen's d) using a fixed-effect model in the absence of statistical heterogeneity or a random-effects model where significant heterogeneity was present. Effect sizes were corrected by inverse variance weighted measures. Statistical heterogeneity was assessed using $X^2$. Publication bias was assessed using...
Rosenthal's file-drawer statistic. Completeness of search was estimated using the capture re-capture method. Moderator analyses were used to explore heterogeneity. Analyses included characteristics of client, programme and study.

**Results of the review**

Six studies (2,504 participants, range 48 to 1,570) were included in the review: two RCTs (353 participants) and four quasi-experimental studies. Both RCTs were considered to be of moderate quality (scored 3 on the Jadad Scale). Both RCTs reported appropriate randomisation and description of withdrawals and drop-outs but neither was double blind. The other studies were considered to be of low quality (scored 3 or 4 on the Newcastle-Ottawa Scale).

**Length of stay (three studies, one RCT):** Women stayed significantly longer in integrated treatment programmes compared to women in non-integrated programmes (ES 0.35, 95% CI 0.28 to 0.47). The authors considered this a small effect. There was no evidence of statistical heterogeneity for this analysis. Rosenthal's file drawer statistic indicated 31 studies with null results would be required to reduce significance to “just significant”.

**Treatment completion (six studies, two RCTs):** There was a small non-significant increase in the number of women who completed treatment in integrated programmes compared those in non-integrated programmes (ES 0.38, -0.05 to 0.80). There was evidence of significant heterogeneity for this analysis. Moderator analyses did not significantly alter the results. Capture/re-capture assessment indicated a 90% capture rate.

**Authors' conclusions**

Findings suggested that integrated programmes for women with substance-abuse issues and their children may be associated with a small advantage over non-integrated programmes in length of stay.

**CRD commentary**

The review question was clear with clearly defined inclusion criteria. Several relevant sources were searched and attempts were made to locate unpublished literature. Assessment of publication bias found no evidence of this. The restriction to articles in English meant that some studies may have been missed. Study quality was assessed and results were reported. Appropriate methods to reduce reviewer error and bias were undertaken throughout the review process.

As well as combining data in a meta-analysis the authors narratively described the individual studies. The authors highlighted limitations in the data, which included the small number of studies, small sample sizes and poor to moderate study quality. The review included only studies published up to 2007 and so the data may not be generalisable to current treatment settings.

The authors cautious conclusions and recommendations for further research reflected the evidence presented and are likely to be reliable.

**Implications of the review for practice and research**

**Practice:** The authors did not state any implications for practice.

**Research:** The authors stated a need for further rigorous research that included prospective studies with randomised designs, larger sample sizes and full descriptions of the target population and intervention programme. Research was also needed to determine the best methods to engage, retain and support mothers with substance-abuse issues in treatment.

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