

A CHILD WELFARE SUPERVISOR'S GUIDE TO **Engagement and Safety Decision-Making in Substance Use Disorder Cases**





Contents

Introduction	1
Knowledge Transfer	2
<i>Understanding the Effect of Stigma and Bias</i>	2
<i>Effective Engagement Strategies with Families</i>	4
<i>Parental Protective Capacities and Safety, Risk, and Protective Factors</i>	5
<i>Collaborative Approach</i>	6
Considerations for Case Discussions with Child Welfare Workers	8
<i>Understanding the Effect of Stigma and Bias</i>	8
<i>Effective Engagement Strategies with Families</i>	8
<i>Parental Protective Capacities and Safety, Risk, and Protective Factors</i>	10
<i>Collaborative Approach</i>	11
Supplemental Resource: Case Scenario Activity	12
<i>Case Scenario</i>	12
<i>Discussion Questions</i>	15
References	16

Introduction

Supervisors have a key role in enhancing child welfare casework practice by pairing didactic learning (e.g., e-learning, classroom, or educational videos) with transfer of learning activities to help child welfare workers integrate information and build their skill set to work more effectively with families.

The National Center on Substance Abuse and Child Welfare (NCSACW) developed two supervisors' practice guides, each as a supplement to the two safety and risk videos for child welfare professionals. The videos provide details on the safety and risk factors related to parental substance use disorders (SUDs) and considerations when planning for safety with children, parents, and family members:

- **Engagement and Safety Decision-Making in Substance Use Disorder Cases**—provides an overview of strategies and observations to support engagement with families affected by parental substance use disorders and involved in child welfare. This video includes considerations of parental protective capacities and protective factors to increase knowledge about the effect of parental SUDs on child safety and risk.
- **Planning for Safety in Cases When Parental Substance Use Disorder is Present**—discusses safety factors related to parental SUDs and unique considerations when planning for safety. The video provides an overview of strategies to increase protective capacities and factors for families affected by SUDs.

This guide provides supervisors with information on how to build upon the concepts in the video to strengthen child welfare workers' knowledge and skills when working with families when parental substance use is present.

The guide is structured with the following sections:

- **Knowledge Transfer**—Reviews key concepts from the video and describes how supervisors can incorporate the information into practice with families
- **Considerations for Case Discussions with Child Welfare Workers**—Provides strategies, techniques, and specific questions to use with child welfare workers during case discussions to help staff build their knowledge and enhance their skills when working with families
- **Supplemental Resource**
 - **Case Scenario Activity**—Creates the opportunity for child welfare workers to practice the application of key concepts and strategies from the video

Combining key concepts from the video with activities in the practice guide allows supervisors to have:

- An operationalized method for applying and using child welfare workers' critical thinking and practice skills
- Intentional use of resources and tools to improve engagement and outcomes for children, parents, and family members affected by SUDs



Knowledge Transfer

This section reviews key concepts from the video and describes how supervisors can help child welfare workers incorporate the information into their practice with families.



Understanding the Effect of Stigma and Bias



Video's Key Concepts

Several factors can affect how child welfare workers engage with parents with a SUD:

- Use person-first language to recognize SUD as treatable condition and decrease stigma
- Acknowledge the effects of bias to improve treatment engagement
- Implement interventions that honor a family's beliefs, traditions, and values to reinforce they are experts in their own lives

According to the National Survey on Drug Use and Health, 70% of adults with a prior substance use problem considered themselves either in recovery or recovering from a SUD in 2021¹—indicating that with individualized treatment, recovery is attainable.



Role of Supervisor

Eliminate myths and misconceptions about parents with SUDs among child welfare workers. Myths and misconceptions about parents with SUDs promote stigma and can decrease parental engagement.



KNOWLEDGE TRANSFER STRATEGY

Have open and honest discussions about misconceptions to help child welfare workers: 1) identify underlying beliefs that may interfere with their ability to engage with parents and family members; and 2) enhance their understanding of substance use, treatment, and recovery.

Help child welfare workers identify bias towards people with a SUD. Bias refers to a *"partiality: an inclination or predisposition for or against something."*² Bias towards or against something arises from personal values, beliefs, and life experiences. Examining views on different treatment paths and recovery can help identify unconscious actions that can serve as a barrier to parents seeking and maintaining recovery.



KNOWLEDGE TRANSFER STRATEGY

Create opportunities for child welfare workers to identify and overcome bias and beliefs. For example, ask child welfare workers about their beliefs regarding parents with SUDs and discuss how those beliefs affect service delivery and family engagement (e.g., a person must hit "rock bottom" to accept and receive help) or engage child welfare workers in open discussions about shared experiences and approaches that resulted in improved engagement.

Incorporate person-first language. Using specific words and terms can either help engage families in services or serve as a barrier. Person-first language reduces stigma, shows respect and dignity, and helps build relationships.



KNOWLEDGE TRANSFER STRATEGY

Assist child welfare workers in using person-first language when talking about children, parents, and family members by providing resources for them to learn alternative language, and model person-first language in discussions with child welfare workers.

Present strategies for child welfare workers to honor a family's traditions and values. Family traditions and values are unique strengths that belong in every assessment, intervention, and safety plan. Exploring and incorporating them into the family's plan can help strengthen protective factors, mitigate the effects of trauma, reinforce social support networks, and enhance healthy parent-child attachment.



KNOWLEDGE TRANSFER STRATEGY

Coach child welfare workers on 1) how to gather family input during the initial assessment and throughout the planning process, 2) the importance of hosting regularly scheduled meetings to review and update the family's plan that are convenient for the family, 3) how to create a welcoming environment that is at ease and accessible to help family members feel comfortable, and 4) how to develop solutions to common barriers for families to participate in case activities, such as lack of child care or transportation.

Promote resiliency in the workforce. Intervening on behalf of families during a difficult situation—and in environments where child welfare workers may experience secondary traumatic stress (STS)—can affect the child welfare worker's decision-making ability to conduct assessments of safety and risk. Both agencies and individual child welfare workers can foster environments that promote self-care, support, and open dialogue.



KNOWLEDGE TRANSFER STRATEGY

Create a work environment that values compassion, reflective discussions, collaboration among team members, and mentorship. Encourage child welfare workers to develop and use resiliency skills such as mindfulness, cognitive reframing, and maintaining a work/life balance to help reduce symptoms of stress, burnout, compassion fatigue, and STS.³

Explore with workers how they protect their own well-being to better serve families by using questions focused on the Strengthening Families protective factors; helping workers increase and build their protective factors:⁴

- **Personal Resilience:** What do you do to take care of yourself? What activities do you engage in when you have a bad day (e.g., talk it through with a friend or engage in an activity that brings joy and relaxation)?
- **Social Connections:** Who in your life can support you through difficult times and help you “fill up your pitcher” and recharge? How can leadership or colleagues best support you?
- **Knowledge of Parenting and Child Development:** What beliefs do you hold about parenting and the parent-child relationship? How does that affect your child welfare work? What additional information about child development or parenting would be helpful to you?
- **Concrete Support in Times of Need:** What do you do when you need to support yourself? What additional resources are needed (e.g., mental health, financial, or child care resources)?
- **Social and Emotional Competence of Children:** How can you connect with the children on your caseload and remember your “why” to the work?



Effective Engagement Strategies with Families



Video's Key Concepts

Engagement strategies that use a family-centered, collaborative approach focus on:

- Early identification of substance use and quick access to treatment
- All members of the family having their needs met



Role of Supervisor

Increase child welfare workers' ability to identify signs of substance use. Recognizing indicators of parental substance use at the onset allows for proper screening, referral for a SUD assessment, and treatment interventions.



KNOWLEDGE TRANSFER STRATEGY

Identify training opportunities for child welfare workers to learn about SUD screening tools, assessment tools and processes, and treatment interventions. Coach child welfare workers on how to incorporate a non-threatening, person-first approach to discuss the observations and information gathered from parents and collateral contacts (i.e., extended relatives and fictive kin,^{*5} non-custodial parent/significant other, and people outside of the family) to increase engagement and invite parents to be involved in case, treatment, and safety planning.

Incorporate the use of a SUD screening tool at the initial contact with a family. Screening parents for substance use at the initial contact with parents allows for early identification.



KNOWLEDGE TRANSFER STRATEGY

Help child welfare workers implement a standardized tool with all parents and coach child welfare workers on how they can naturally incorporate questions about substance use into their conversations with parents.

Ensure child welfare workers use a comprehensive family-centered approach with families. Informed decisions stem from the *combination* of gathered information from multiple sources. Drug testing, while one tool, is not meant to serve as the only indicator to identify substance use or make decisions on a case.



KNOWLEDGE TRANSFER STRATEGY

Help child welfare workers determine what sources they can gather information from to assess the needs of children, parents, and other family members (e.g., collateral contacts, drug test results, use of a validated screening tool).

^{*} The American Legislative Exchange Council defines fictive kin as “an individual—unrelated to a child by birth, adoption, or marriage—who still has an emotionally significant relationship with the child.”

Incorporate [Motivational Interviewing \(MI\)](#) and promote practice-based skill sessions. MI is a recommended engagement technique when working with families when substance use is present because it allows the child welfare worker to: 1) gauge where the parents are in the change process, 2) gather relevant information about the family's life and desired outcomes of service, and 3) refrain from exerting perceived power over the family. MI honors individual autonomy by letting parents weigh the pros and cons of current behaviors associated with substance use while also allowing them to identify the potential risk to themselves and their children without placing blame.



KNOWLEDGE TRANSFER STRATEGY

Connect child welfare workers to MI training and provide training materials on the technique. Supervisors trained in MI can create space for child welfare workers to practice MI in individual or group settings to develop the skill, instill confidence, and reinforce its use with parents.



Parental Protective Capacities and Safety, Risk, and Protective Factors



Video's Key Concepts

Assessing child safety and the risk of future maltreatment is a multifaceted process that requires child welfare workers to use a holistic and objective approach to evaluate the situation and determine next steps. Child welfare workers identify:

- Safety threats—immediate action must happen to protect the child⁶
- Risk factors—the likelihood a child experiences maltreatment⁷
- Parental protective capacities—characteristics of the parent that help protect the safety of the child⁸
- Protective factors—stipulations or characteristics of individuals, families, and communities that increase their strength and support their well-being⁹

Child welfare workers can use parental protective capacities and protective factors to develop plans with the parent and family members to help mitigate out-of-home placement.



Role of Supervisor

Ensure child welfare workers understand the effects of parental substance use on children and family members. Parents who have or are at risk of developing a SUD may neglect other areas of their lives as the neural circuitry of their brain changes (e.g., child and family member needs and other responsibilities). Parents may not be able to fully meet the social-emotional needs of their children, which can lead to children experiencing an unpredictable or unstable home life or have behavioral adjustment problems.^{10,11}



KNOWLEDGE TRANSFER STRATEGY

Educate child welfare workers on the effects of parental substance use on children and family members by facilitating discussions and identifying training opportunities to increase their understanding and knowledge of substance use and SUDs.

Help child welfare workers determine if what they observe or hear is a safety threat or risk factor to the child. Parental substance use does not necessarily mean children are unsafe. Some situations or circumstances may initially appear as a safety threat but are presently a risk factor. For example, a parent's substance use history includes a previous overdose and the parent is not currently using recovery supports or in treatment requires the child welfare worker to have additional information to determine if the situation is a risk factor or a safety threat.



KNOWLEDGE TRANSFER STRATEGY

Use strategies to build this skill set: 1) talk with child welfare workers about what they observe or hear and the reason it is a safety threat or a risk factor during case discussions, 2) conduct activities for child welfare workers to identify and differentiate between safety threats and risk factors, or 3) promote education through facilitated discussions.

Increase child welfare workers' ability to identify and understand how to use parental protective capacities and protective factors in safety planning. Using parental protective capacities (e.g., parent recognizes the effects of their substance use on their children) and family protective factors (e.g., supportive network) in safety planning is key to mitigating out-of-home placement when parental substance use is present—as highlighted in the video. Incorporating parental protective capacities and protective factors into the development of a safety plan helps reinforce individual autonomy, empowers the family to reach a resolution, and demonstrates the recognition that families are the ultimate experts on their own lives and can make changes.



KNOWLEDGE TRANSFER STRATEGY

Coach child welfare workers on how to use parental protective capacities and protective factors in safety plan development by: 1) reviewing the strengths and opportunities for improvement in an existing plan, 2) modeling the conversation with a parent and family members, and 3) identifying strengths to incorporate into the plan prior to a family meeting.



Collaborative Approach



Video's Key Concepts

Achieving improved safety, permanency, well-being, and recovery outcomes for children, parents, and family members affected by substance use, mental health, and trauma requires:

- Cross-system collaboration between all family-serving systems (e.g., child welfare, juvenile justice, Tribal authorities, substance use and mental health treatment)
- Ongoing system- and practice-level changes
- Information exchange between child welfare and SUD treatment providers



Role of Supervisor

Develop relationships with SUD, mental health, and trauma treatment services in the community. It is helpful for child welfare workers to know what services are available in the community as well as the referral process to facilitate a warm handoff (i.e., directly connecting the parent to the service vs. giving them the name of the agency or a phone number). Early identification and rapid access to SUD treatment helps improve child welfare outcomes.¹²



KNOWLEDGE TRANSFER STRATEGY

Provide information on what services are available in the community, the referral process, and contact information for each agency. Strategies to develop relationships with providers include: 1) inviting providers to a staff meeting to present about their services, 2) scheduling a time for child welfare workers to participate in a tour of an agency, 3) asking an agency to provide training on a particular topic, or 4) facilitating discussions with providers on identified service gaps and explore opportunities to fill them.

Ensure child welfare workers understand what collaboration means and its importance. Collaboration requires deliberate actions to: 1) understand differences in philosophies, beliefs, values, and goals; 2) share data; 3) develop joint outcomes for families; 4) engage in shared decision-making; 5) hold partners accountable; and 6) prioritize the needs of the family over individual or agency needs.¹³



KNOWLEDGE TRANSFER STRATEGY

Review collaborative actions with child welfare workers and discuss how they can incorporate it into their practice with families and agency partners. Supervisors can demonstrate collaborative strategies through interactions with child welfare workers, parents, family members, and other agencies serving families (e.g., shared decision-making).

Discuss what information to share between child welfare and substance use treatment providers.

The video outlines the information exchange needed between child welfare and SUD treatment providers. It also reviews the [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#) and [42 Code of Federal Regulations \(CFR\) Part 2](#) federal confidentiality rules. Child welfare workers' understanding of confidentiality rules, agency policies, and information-sharing agreements is crucial.



KNOWLEDGE TRANSFER STRATEGY

Provide information to child welfare workers on federal confidentiality rules and review policies and protocols for sharing and receiving information. Develop a list of questions child welfare workers can ask providers and identify what information child welfare workers should share with providers. Discuss with child welfare workers how to explain confidentiality protections to parents.

Discuss the importance of collaborative case planning. Parents, children, and family members thrive when partners have cohesive messaging and alignment of goals and objectives in case and treatment plans; these plans ideally do not conflict. Using a joint case review process helps create an alignment between case and treatment plans. Outlined in the video are the benefits of using a collaborative approach between the child welfare agency, SUD treatment providers, and family members.



KNOWLEDGE TRANSFER STRATEGY

Design and implement a joint case review process with child welfare workers, SUD treatment providers, and other systems serving families that model collaboration.

Considerations for Case Discussions with Child Welfare Workers

This section provides strategies, techniques, and specific questions to use with child welfare workers during case discussions to help them work more effectively with families.



Understanding the Effect of Stigma and Bias

- Use reflective listening to reframe the language child welfare workers use or suggest an alternative word or phrase during discussions (e.g., use infant prenatally substance exposed vs. drug-addicted baby, or positive or negative drug test vs. dirty or clean test)
- Help child welfare workers develop questions and determine when to ask families about their beliefs, family connectedness, and daily routines—how and when the questions are asked may affect the amount of information provided and engagement of the family (e.g., share about your favorite family member and what is significant about this relationship; describe the most important or celebrated holiday or tradition; describe any religious or spiritual beliefs that are important to your family; tell me about a typical morning for you; or describe what it was like growing up in your family)
- Review how child welfare workers can incorporate family beliefs and traditions into case planning (e.g., refer to service providers that incorporate a family's beliefs or spiritual practices into treatment)
- Discuss situations when the child welfare worker misunderstood family norms and incorporate alternative approaches moving forward
- Encourage child welfare workers to familiarize themselves with community resources that may more effectively meet the needs of families



Effective Engagement Strategies with Families

- Review with child welfare workers how they have incorporated a SUD screening tool (e.g., the [UNCOPE](#)) in discussions with the parent
- Discuss the child welfare workers' observations and available information from a screening tool, drug test results, and collateral contacts to help with early identification of parental substance use and referral to further assessment and treatment
- Identify [training](#) opportunities for child welfare workers to learn the signs and symptoms of substance use
- Ask questions to help develop the child welfare workers' critical thinking skills to determine if what they observe or hear may indicate possible parental substance use:
 - How did the parents present? Did they appear intoxicated or under the influence (e.g., lethargic, agitated, overly energetic, unsteady gait, dilated pupils, tremors)? How did they appear physically (e.g., needle marks, multiple open wounds or scabs, ashy skin, sunken facial features)? Is there a sudden shift in attitude or behavior?

- What were the results of a drug test (if applicable)? How did the parents respond to the drug test results?
- Did the child welfare worker observe evidence of paraphernalia, substances, contraband, alcohol, or other mind-altering legal substances (e.g., [kratom](#)), etc. in the home? If the parents have multiple prescriptions, are they from multiple doctors? Do the dates on the prescription appear to correspond to the amount of medicine in the bottle?
- Describe the home environment. Does the home present unhealthy or unsafe conditions? Are there concerns about housing instability or food insecurity?
- How are parents meeting their financial obligations? Are they able to maintain employment? If not, why?
- What is the parents' involvement with the criminal justice system, if any?
- Are there any inconsistencies present in their history or reporting of events?
- Have collateral contacts identified any concerns?
- What information did the child(ren) provide? Did they either make statements to infer—or witness—parental substance use? What description did they provide about the substance(s) or paraphernalia in the home? How did they describe their parents after they engaged in substance use? Did the child express worry about their parents?



Share information on how trauma and negative previous experiences may present in parents and families—include approaches for structuring interactions to strengthen the relationship between the child welfare worker, parents, and family members that result in improved engagement; approaches include:

- Expressing empathy and compassion
- Using active listening and person-first, strengths-based language
- Collecting relevant information from the family and collateral contacts (e.g., beliefs, values, goals, perspectives)
- Using MI
- Determining readiness to change
- Incorporating family beliefs and practices into treatment and case planning



Provide examples of different engagement techniques like using open-ended questions and having positive body language; reinforce the importance of not making assumptions, as social cues like tone of speech, eye contact, and silence can vary person to person and be misinterpreted as ambivalence or disinterest



Model MI and how to use active listening and verbal following to move ambivalent parents and family members from [sustained talk to change talk](#) (e.g., What are some positive things that could happen if you stop using substances?)



Discuss the [Transtheoretical Model \(TTM\) of the Stages of Change](#) and how to apply it in casework; help child welfare workers:

- Identify the parent's stage of change
- Use MI to help parents progress through the stages to reach SUD recovery and resolve safety or risk factors
- Meet the parents and family members where they are in the change process while helping them proceed with changes they are willing to make



Parental Protective Capacities and Safety, Risk, and Protective Factors



Discuss the information child welfare workers obtained and ask questions to help them understand the reason the circumstance or behavior is a safety threat vs. a risk factor:

- Would they consider the circumstance or situation a risk factor or safety threat?
- How does the circumstance or situation affect the child right now?
- What are the child's conditions and circumstances? Did the child sustain any injuries or harm as a result?
- Describe the parents' behavior and how it directly affects the child. Does the behavior: 1) currently threaten the child's physical safety or mental well-being, or 2) have the potential to cause harm or maltreatment in the future?



Ask child welfare workers questions to help them determine how parental substance use affects child and family functioning:

- Describe the child's overall emotional and social functioning. Are they experiencing mental health challenges (e.g., self-harm, withdrawn/depressed, overly anxious)? What social activities do they regularly engage in? Are they engaging in delinquent behaviors?
- Describe the parent-child interaction. Does there appear to be healthy bonding and attachment? Does the child seek comfort from the parents? Do the parents meet the child's needs?
- How do the parents meet the child's medical, dental, developmental, and educational needs? Does the child receive wellness visits? Is the child missing out on medical care? If so, what are the effects? Are they meeting developmental milestones? Are intervention services in place? If not, why? Does the child have any tardies or absences from school? If so, how many? What are the reasons for the tardies or absences? How are they doing in school?
- How are individual roles defined in the family? What are the parents' expectations of the child? Do the expectations align with the child's age?



Help child welfare workers determine strategies to identify parental protective capacities, protective factors, and individual and family strengths; explore with the child welfare worker:

- What parental strengths or protective factors have kept the family from being involved with child welfare up to this point?
- What have the parents and other family members done to ensure child safety (e.g., the child knows to call their grandparent if no one is home after school; the parents only engage in substance use outside of the home)?
- How do the parents and other family members meet concrete needs (e.g., use community resources to pay rent and utilities, use food banks)?
- Do the parents understand why child welfare has intervened? Do they recognize how their substance use affects their child's safety and well-being? What are their thoughts on getting a clinical assessment and attending treatment?
- How are the children, parents, and family members connected to and involved in their community?
- Does the child feel safe with any other adults besides their parents? If so, who?
- What strengths or positive attributes have collateral contacts identified for the parents?



Encourage child welfare workers to use [genograms](#), [ecomaps](#), and [ethnographic interviewing](#) to help identify the relationships between a family and their community, faith, and natural supports like extended family and fictive kin¹⁴



Collaborative Approach

- Discuss with child welfare workers the different viewpoints and roles of child welfare, substance use and mental health treatment providers, the court, and other family-serving systems
- Challenge child welfare workers to see the situation or circumstance from a different perspective and remain open to alternative approaches to reaching a resolution when appropriate*
- Discuss strategies to build trusting relationships with parents and family members (e.g., request and listen to their feedback or guide them in seeking a solution rather than providing it)
- Discuss strategies to build relationships with collateral contacts (e.g., seeking consultation on a situation from a SUD treatment provider)
- Ask if the child welfare workers had parents sign a release of information and ensured they are clear on what information will be shared and for what purpose
- Recommend child welfare workers align case and treatment plans by using strategies for collaborative case planning (e.g., holding joint case and treatment reviews, regularly monitoring and documenting progress toward goals and objectives, and acknowledging recovery progress)



* For example, a parent experiences a “return to use.” The provider recommends inpatient treatment, but the parent wants to complete an intensive outpatient program (IOP). The group, after discussing child safety and the parameters of IOP, allows the parent to attend; however, if the parent cannot “maintain” in IOP, they agree to go to an inpatient treatment program.

Supplemental Resource: Case Scenario Activity

Conducting a case scenario activity with child welfare workers and facilitating a conversation using the discussion questions allows child welfare workers the opportunity to: 1) practice applying key concepts from the video; 2) ask questions; and 3) discuss how they might incorporate the strategies, techniques, and information into their practice with families. Supervisors can use an actual case with the discussion questions instead of using the case scenario.

Case Scenario

Hernandez Family Constellation	
Mother	Juliana Hernandez (32)
Father	Kyle Williams (32)
Children	Juan (8), Mia (6), & Erik (2)
Maternal Grandmother	Maria Hernandez
Maternal Aunt	Sofia Hernandez
Friend	Amy Peters



Understanding the Effect of Stigma and Bias

Police responded to a welfare check after receiving a call stating a small child was found outside with no supervision. Police found Erik (2) outside when they arrived and requested immediate assistance from child welfare.

Police on the scene informed the child welfare worker that officers determined where Erik lived after talking with neighbors. The front door was open slightly when the police officer arrived at the home. They entered the home and announced themselves several times. The mother, Juliana Hernandez, came down the stairs and said she fell asleep with Erik after getting her two older children, Mia (6) and Juan (8), off to school that morning. Juliana said she didn't sleep well last night and didn't hear Erik get up. The officer informed the child welfare worker that Juliana said she and the children are the only ones living in the home. The officer stated they are familiar with Juliana as they have arrested her several times for theft and check fraud.



Effective Engagement Strategies with Families

The child welfare worker enters the home and speaks to Juliana. Her son, Erik, is in the house with her and her older children, Mia and Juan, were at school. She identifies herself as a single, 32-year-old Latino mother. She appears agitated and intermittently gets up to walk around the home during the discussion. She tells the child welfare worker she doesn't understand why someone would call child welfare and the police. She states she takes care of her children and is a good mother. She naps during the day because she has trouble sleeping at night. She's the primary caregiver of her three children—with little help from their father. The father of the children, Kyle Williams (32), is currently incarcerated for a probation violation; he is on probation for a substance-related offense. They have been together off and on for 12 years.

Juliana says she is usually awake when the children are home. She states that she took her older kids to school this morning and then took a nap with Erik. The maternal grandmother usually picks Erik up a few times a week to take him to the community center and was supposed to pick him up today. Juliana insists her children are fine and there was a miscommunication with the neighbor. She says police and people in the complex are always trying to cause problems for her and need to mind their own business. Juliana appears reluctant to answer questions by providing minimal information or stating she "doesn't know."

Erik appears to meet developmental milestones consistent with his age. He seems to be a healthy weight, in clean pajamas, and the child welfare worker observes no visible injuries or medical conditions. Juliana appears tired (e.g., dark circles under her eyes and pale skin). Her clothes are disheveled; she has small black marks on her pajama pants. She also continuously pulls down the sleeves of her shirt during the discussion. She has several marks on her forearms and wrists and insists they are from a friend's cat.

Juliana walks the child welfare worker through the home. She says the home is a mess because she hasn't been there and was planning to clean it today. The kitchen reveals pots, pans, and dishes with dried food scattered on the table and countertops; very little food is in the home. Juliana states food always runs low at the end of the month until her supplemental nutrition assistance program (SNAP) benefits arrive, but she can get food from the local church. There are clothes strewn throughout all the rooms. The bathroom sink has black residue and there's a small, crumpled piece of blackened foil on the counter.

Juliana agrees the child welfare worker can return in a few hours when the older children get home from school.



Parental Protective Capacities and Safety, Risk, and Protective Factors

The grandmother, Maria Hernandez, answers the door when the child welfare worker returns. Juliana is on the couch with Juan watching TV, with the two younger children on the floor in front of her. Juliana states she doesn't see why the child welfare worker needs to speak with Juan and Mia. Maria says something to Juliana in Spanish and Juliana then reluctantly agrees. Juan leads the child welfare worker to his bedroom. Juan describes what a typical day is like: He wakes up, gets Mia up, gets ready for school, and walks to the bus stop down the street with Mia. He gets Erik out of his crib if he is up, gives him dry cereal and something to drink, and turns on cartoons for him before they leave. Sometimes they don't wake up in time to catch the bus and they miss school. He and Mia eat breakfast at school.

Juan states his mother sleeps most of the day, and when she is not asleep, she is either on the couch or in the bathroom with the door locked. Sometimes she leaves them home alone at night but she's always there when they wake up in the morning. He recited the grandmother's phone number and said he can call her if there's an emergency. His grandmother comes over most Tuesday and Thursday afternoons as well as some weekends when she isn't working. Juan and Mia go to the community center after school except when his grandmother is not coming over because someone needs to take care of Erik.

Juan feels sad about his mother being tired but thinks she might just be sad because his father isn't there—she seemed happier before he left. Juan misses his father and hopes he will come home soon. Juan likes it when his grandmother comes over because she makes them dinner, plays with them, and reads them stories before bed. He stated his mom doesn't do those things very often. Juan makes sure his brother and sister eat dinner and he usually puts Erik in his crib. Mia confirmed what Juan said when the child welfare worker spoke to her. The child welfare worker observes the children wearing proper clothes with no obvious medical needs. The children appear developmentally appropriate for their age.

The child welfare worker then speaks with Maria who is reluctant to speak at first. During the discussion Maria uses both English and Spanish—she uses Spanish when she doesn't know the English equivalent. She eventually expresses her concern that Juliana is using drugs again. She says she tries to visit every couple of days to check on the children, make food they can heat up, do laundry, etc. She says she helps as much as she can. She came over today after her daughter called her, panicking. She says her daughter engaged in drug use in her late teens and 20s but went to a methadone treatment program for heroin use after getting pregnant with Juan. There was an open child welfare case for a short period after he was born; it wasn't a great experience. She stated her daughter relapsed twice but each time she went back to the treatment program. Maria didn't know why she stopped going to the treatment program this last time but stated Erik was approximately six months old when she stopped treatment. While her daughter and the children's father, Kyle Williams, did well for a while, they have struggled over the past 18 months. It started when Kyle lost his job and was arrested for a substance-related offense and placed on probation. Maria's family has helped them with paying bills and buying food.



Collaborative Approach

Juliana denies she leaves the children unsupervised for any length of time. She goes next door sometimes to visit the neighbor after they are in bed but checks on them frequently. Juliana denied current substance use but admitted to previous substance use prior to Juan's birth. She went to a methadone program and completed an intensive outpatient treatment program. She reported having a diagnosis of post-traumatic stress disorder (PTSD) and anxiety from an experience as a teenager for which she has received counseling. She didn't work after Erik was born because the family couldn't afford childcare. She denied being on any medication. She agreed to get an assessment but felt it was unnecessary.



Initial Safety Planning

The child welfare worker expressed concern about the children's safety due to Juliana's current substance use and informed Juliana a safety plan needs to be created. The child welfare worker discussed with Juliana and Maria safety concerns with opioid use and risk of overdose, and drug paraphernalia and substances being in the home. The child welfare worker has related concerns including the need for Juliana to secure any substances and paraphernalia away from the children and the dangers of residual contamination on surfaces the children could touch and inadvertently ingest. The child welfare worker continued to gather information and asked Juliana to identify additional supports. Juliana identified a close friend, Amy, and her sister, Sofia. Maria stated she could use personal time at work for a couple of days until they figured out child care.

The child welfare worker: 1) created an initial safety plan with Juliana and Maria, 2) obtained contact information for Amy and Sofia, 3) had Juliana sign a release of information to speak to collateral contacts, and 4) tentatively set a follow-up meeting with the family to update the safety plan 3 days later—Amy or Sofia would join the meeting to be part of the safety plan discussion. The child welfare worker explained options to obtain a SUD assessment and Juliana chose a treatment provider. The child welfare worker helped Juliana make the appointment before leaving the home.

The initial safety plan states: 1) Juliana and the children will stay at Maria's home, 2) Juliana will not be left alone with the children for any length of time, 3) Juliana will not bring substances or drug paraphernalia into Maria's home, 4) Juliana will not engage in substance use in Maria's home or in the presence of the children, 5) Juliana agrees to obtain a SUD assessment and follow treatment recommendations, 6) Juliana will use the bus voucher to get to the assessment appointment, 7) Maria will transport the children to school and pick them up from the bus stop after school, and 8) Maria will contact the child welfare worker immediately with any concerns regarding the safety and well-being of the children. Both Maria and Juliana agree to the safety plan conditions.

The child welfare worker contacts Amy and Sofia and confirms they are willing to help the family. A subsequent meeting to review the safety plan and develop next steps with the family and their identified supports is scheduled. An additional child welfare worker joins the meeting to translate the information for Maria; Amy attended the meeting by phone. The family developed an amended safety plan at the meeting: 1) Juliana and the children will stay with Maria during the week and Sofia on the weekend; 2) Juliana will not bring substances or drug paraphernalia into Maria's or Sofia's home; 3) Juliana will not use substances in Maria's or Sofia's home or in the presence of the children; 4) Juliana will not be left alone with the children for any length of time; 5) Maria, Sofia, and Amy will care for Erik during the day until funding assistance to help with child care becomes available—Maria will watch him on Mondays and Thursdays; Amy will watch him on Tuesdays and Fridays; and Sofia will watch him on Wednesday; 6) Amy will transport Juliana to her assessment appointment; 7) Juan and Mia will attend the after school program at the community center and Maria will pick them up after work; 8) Maria, Amy, and Sofia will contact the child welfare worker immediately with any concerns regarding the safety and well-being of the children.

Discussion Questions



Understanding the Effect of Stigma and Bias

1. What initial thoughts or impressions might you have about working with a parent who is using substances? What potential bias, if any, should you consider?
2. What approach would you use to engage the mother? The father?
3. How would you make sure the engagement is not stigmatizing?
4. What information would you want to know from the parents? What initial questions might you ask?



Effective Engagement Strategies with Families

1. What considerations or additional information would you want to know about the family?
2. How do the parents present? What have you noticed about their demeanor? How could you adjust the strategies, techniques, or questions to better engage them?
3. What are the indicators of potential substance use by the mother? By the father?
4. What strategies, techniques, or questions would you ask to determine if the parents use substances?
5. What information or questions would you ask the children? Whom else might you speak with to get additional information?



Parental Protective Capacities and Safety, Risk, and Protective Factors

1. What are the safety threats and risk factors? What makes them safety threats or risk factors?
2. What are the parental protective capacities and factors?
3. What parental protective capacities and factors need strengthening?



Collaborative Approach

1. What collateral contact or additional family members would you like further information from?
2. What information would be helpful? What do you want to know? How will you go about getting the information?
3. How will you help the parents get the SUD assessment?
4. What information will you provide to the treatment agency doing the assessment ahead of time? Who will communicate this information to the agency?
5. What information do you want back from the treatment agency?

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This resource is supported by contract number 75S20422C00001 from the Children's Bureau (CB), Administration for Children and Families (ACF), co-funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content of this resource are those of the authors and do not necessarily reflect the views, opinions, or policies of ACF, SAMHSA or the U.S. Department of Health and Human Services (HHS).

