

Tip Sheet 3

SUPPORTING FAMILIES DURING A PUBLIC HEALTH CRISIS

The National Center on Substance Abuse and Child Welfare (NCSACW) developed a series of tip sheets focused on supporting families affected by substance use disorders (SUDs) and who are involved with child welfare services during a public health crisis.



Tip Sheet 1

Building Cross-System Efforts During a Public Health Crisis

Tip Sheet 2

Supporting the Workforce During a Public Health Crisis

Tip Sheet 3

Supporting Families During A Public Health Crisis

These tip sheets offer key considerations and resources for child welfare services, substance use treatment providers, courts, and healthcare providers who serve families affected by SUDs as they work together to make policy and practice modifications to address the needs of both staff and families during this public health crisis.

A public health crisis can put additional stress on families while simultaneously reducing access to many of the services and supports on which they rely. Consequently, lack of resources and the associated stress can weaken protective factors and create conditions that challenge effective, safe parenting and impede progress in SUD treatment and recovery.

Trauma-informed services are always critical for these families because of the extensive links between trauma and development of substance use disorders for both parents and children as well as trauma experienced in the child welfare system. Substance use disorders are often co-occurring with mental health disorders. The increased stress, isolation and grief brought on by a public health crisis can intensify mental health and substance use disorders adding to the complex trauma experienced by families in both the short and long-term. Services that focus on the needs of parents and children simultaneously, often known as two-generation approaches, can address a range of challenges experienced by parents, children and family systems more effectively addressing complex trauma exacerbated by the public health crisis.

It is critical that the systems that serve these families ensure effective screening, consistent engagement and retention efforts, and timely access to treatment. This relies on adequate service capacity for families. Providers may need to creatively expand their outreach to and engagement with new service providers to ensure systems have quality, accessible services for all families in need while keeping them safe during the public health crisis. Local conditions, cultural differences, and unique family needs play a part in determining what adaptations are necessary in each community.

KEY CONSIDERATIONS FOR SUPPORTING FAMILIES

CONSIDERATION #1: UNDERSTAND THE UNIQUE CHALLENGES AND NEEDS OF FAMILIES AFFECTED BY SUDS DURING A PUBLIC HEALTH CRISIS

Families affected by SUDs and who are involved with child welfare services have unique challenges and needs. Challenges related to isolation, trauma, shame, stigma, mental health disorders, or lack of concrete supports are likely exacerbated during this public health crisis. Services and programs that address those unique needs and address barriers can enhance a parent's ability to remain in or achieve recovery, parent safely, and cope during a crisis.



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TIP SHEET
3

[Regional Partnership Grant](#) (RPG), [Family Treatment Court](#) (FTC), and [Quality Improvement Center](#) (QIC) teams in communities across the country are providing innovative supports for parents who are experiencing high levels of stress, anxiety, and depression as well as changes in employment and income due to the public health crisis. These supports include:

- ✓ Providing additional groups or individual counseling sessions to support families
- ✓ Supporting families to prepare and budget for new and existing financial resources, such as unemployment benefits and expected stimulus checks
- ✓ Delivering parenting support to help with home schooling and parenting during stay at home orders for parents with custody of their children; support includes education on effective communication and discipline for children of different ages and concrete support such as diapers, food, vouchers for cell phone minutes and school supplies
- ✓ Offering individual phone-based support that includes psychoeducation
- ✓ Enhancing offerings of peer recovery support services to more families and/or increasing peer support virtual contact with families to daily or every other day

Related Resources • The Child Mind Institute has a [resource list](#) for parents dealing with a public health crisis with resources ranging from supporting young children through young adults, managing anxiety, and talking with kids about challenging subjects.

• The National Child Traumatic Stress Network developed a [tip sheet](#) to help parents and caregivers consider how an infectious disease outbreak might physically and emotionally affect their family and strategies to help their family cope. They also have an extensive [COVID-19 Resource List](#) with handouts, tip sheets, coloring pages, and videos to support parents and caregivers in providing safe, stable, and sensitive care to children during a public health crisis.

• The Center for Youth Wellness's article, [Sheltering in Place: ACEs-Informed Tips for Self-Care During a Pandemic](#), provides information on seven healthy evidence-based practices to help regulate an overactive stress response common to individuals who have experienced trauma.

• RISE provides resources and information to parents who have past experience or current involvement with child welfare services. They currently provide [twice weekly parent support groups](#) through Zoom as well as articles for parents on [Coping with Visits During Coronavirus](#), [Survival During Trigger Times](#) and [Resources for Families Affected by Coronavirus and Child Welfare](#).

• Several virtual resources are available for individuals with SUDs or who are in recovery support including:

- o An [online community](#), hosted by The Journey Project, offers information and resources for parents in recovery
- o [Online recovery support group meetings](#), hosted by Unity Recovery, which include groups for supporting a family and loved one in recovery, a weekly LGBTQ+ group, and a Women's Only recovery meeting
- o A free [research-based smartphone app](#) to help people with recovery from substance use
- o The Substance Abuse and Mental Health Services Administration's [Virtual Recovery Resources](#) listing, which provides virtual resources for individuals in treatment and recovery



CONSIDERATION #2: IMPLEMENT PRACTICE MODIFICATIONS TO MEET THE NEEDS OF FAMILIES DURING THE PUBLIC HEALTH CRISIS

During a crisis, the ability to adapt or modify best practices is critical to ensure that families can continue receiving the support they need for safety and well-being.

The NCSACW report, [Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Substance Abuse: Highlights of Grantee Implementation](#), presents a range of activities and interventions to support families affected by SUDs. These strategies include peer recovery coaching, family-centered SUD treatment, parenting and family strengthening programs, services to pregnant and postpartum women, medication-assisted treatment, and in-home parenting and child safety support for families. During the current public health crisis, professionals serving families are making modifications to these programs to address “safer at home” orders and other challenges of isolation and access to services. Staff are working with participants and evidence-based program developers to evaluate if modifications meet the needs of families while maintaining program effectiveness.

In the RPG, FTC, and QIC programs, staff have experienced concerns about parent's ability to maintain their continued SUD recovery. In response, these collaborative teams have implemented a variety of practice modifications and innovative client supports.

- ✓ Many teams are using participant check-ins and prioritizing approaches that maintain engagement and monitor physical and mental health. Team members have significantly increased virtual check-ins with all participants (even those who were in more stable recovery and especially those who were in early recovery or showing signs of strain). Staff suggest a minimum of every-other day contact for all participants and daily contact for participants in crisis.
- ✓ Other jurisdictions are relying on family therapists or other family intervention specialists to maintain frequent contact with participants and support parents and children in family time activities.
- ✓ Most jurisdictions are reporting a focus on self-care routines for participants. Recommended activities include: journaling, coloring, reading, singing, yoga and other physical exercise, meditation, and participation in online recovery and parenting support programs.
- ✓ Staff in collaborative teams are using virtual platforms, such as private Facebook groups and online recovery support online applications to establish closed groups where participants are expected to check-in and respond to questions and reflections related to how they are coping during the quarantine, maintaining contact with their children, and supporting their recovery. Teams are also using these platforms to share local, state, and national resources. Participants can also access virtual support groups available to recovery communities across the country.
- ✓ In many jurisdictions, peer recovery support specialists are a significant support intervention for participants. Many peers and recovery support specialists talk with participants daily and serve as a critical communication link between participants and other team members.

Related Resources • The [Family Treatment Court Training and Technical Assistance](#) program funded by the Office of Juvenile Justice and Delinquency Prevention held bi-weekly calls between March and May to explore the variety of ways that collaborative teams are modifying practices to be responsive to the needs of families affected by substance use disorders and in recovery involved in child welfare. [Weekly meeting notes](#) provide insights into the diverse challenges and responses of these teams.



CONSIDERATION #3: USE A STRENGTHS-BASED AND TRAUMA-INFORMED APPROACH TO WORKING WITH FAMILIES

To best support families, professionals must understand the connections between trauma, SUDs, and child welfare involvement and provide services that are trauma informed and strengths based. In addition, professionals must recognize how bias and stigma affects effective service delivery, particularly during times of stress.

The National Child Traumatic Stress Center's [Webinar Series: The Role of Trauma Among Families Struggling with Substance Abuse](#) offers perspectives on the intersections between trauma, caregiver substance use, parenting, and prenatal substance exposure from individuals with lived experience and experts the field.

Strength-based and trauma-informed approaches to working with families are effective in engaging families into services and promoting positive health, safety and wellbeing outcomes for parents and children. The Center for the Study of Social Policy tip sheet on [Strength-Based Practice in Troubled Times](#) can help family service providers stay grounded in family strengths as a way to overcome challenges and help families thrive during crisis.

For families affected by SUDs, stigma and bias among professionals can make this strength-based, trauma-informed approach very difficult. Educating staff who work with families on the importance of using positive, de-stigmatizing language with these families can help them to better support families and foster their long-term success in substance use treatment and family reunification. The Addiction Technology Transfer Center resource, [Language Matters: Using Affirmative Language to Inspire Hope and Advance Recovery](#), educates staff on language choices that supports and empower individuals with SUDs.

Related Resources • The ACES Aware webinar, [Building Trauma-Informed Connections Via Telehealth During COVID-19](#), provides information to ensure telehealth services meet the unique needs of families affected by trauma. They also offer an accompanying [tip sheet](#) with outreach strategies and sample messages for trauma-informed client engagement in telehealth.

• A Child Trends [tip sheet](#) provides information on protective factors that can prevent children from harm and increase resilience in response to adversities, trauma, and crisis. The tip sheet identifies ways that families and communities can work together to promote these protective factors.

CONSIDERATION #4: ENSURE THAT FAMILIES RECEIVE CONSISTENT FAMILY TIME/VISITATION

Many parents with SUDs and who are involved with child welfare are primarily focused on compliance with required case/treatment plans, ongoing bonding and attachment with their children, and progress toward family reunification. Children need consistent and frequent contact with their parents. Though there may be significant barriers during a crisis, it is critical for agencies serving families to ensure that parents continue to receive sufficient, quality family time/visitation with their children to maintain family bonding and progress toward family reunification.



RPG, FTC, and QIC collaborative teams across the country have found a variety of ways to support family time, ensure progress in case plans, and move families toward reunification during this public health crisis. Teams put several strategies and modifications in place to address barriers and support sufficient family time and access to parenting education for case plan adherence.

- ✓ In some jurisdictions, in-person parenting time is still occurring unless one of the households (the parent's or caregiver's) has a confirmed or suspected COVID-19 case. For example, California Social Services issued an all-county letter encouraging in-person visitation for children under three and their parents.
- ✓ Many communities are using interactive technologies such as Zoom, Skype, FaceTime, and Google Duo to maintain parenting time and SafeCare programs.
- ✓ Communities are implementing shorter, but more frequent, parenting time to accommodate the attention span of children. In some communities, child welfare agencies are prioritizing daily parent-child interactions for as long as the infant or child can tolerate.
- ✓ Parents with very small children can use a technique, favored by Neonatal Intensive Care Units, to promote comfort in which a parent wears a small piece of fabric to take on the parent's scent. The fabric is then given to the infant to bring comfort when the parent is not present. A similar strategy is used for older children in which parents and children who are separated are given matching "Connection Blankets."
- ✓ Some child welfare agencies are setting up computers with cameras in their interview/visitation rooms for parents who do not have access to Zoom or FaceTime.

Communities faced with barriers to case oversight and parenting progress during the public health crisis are implementing policy changes and practice innovations to support family reunification.

- ✓ In a few jurisdictions, key stakeholders are meeting to determine if any families can reunify without further delay.
- ✓ Clients are being allowed to count online recovery meetings to fulfill requirements for meeting attendance where they have not been able to in the past.
- ✓ A coordinator is monitoring parent participation in virtual recovery support and other group support to ensure continued engagement in recovery supports.
- ✓ Several sites reported that they have begun (or resumed) parenting education using virtual platforms, including Safe Care, Celebrating Families!, and Circle of Security.
- ✓ Staff are focusing on connecting more frequently with participants, engagement and providing support rather than sanctioning behavior.
- ✓ Child welfare staff are focusing services and oversight on households where the children have been reunified with their parent for six months or less.
- ✓ Several jurisdictions are focusing on reviewing cases for families that are close to reunification. If the parties agree, they move forward with reunification using a signed consent order without a need to come into court. Considerations for reunification include: 1) the parent's stability and length of sobriety; 2) the parent's employment or financial arrangements; 3) if they have adequate housing, and, 4) the mental health of both the parents and children. It is also important to assess the progress of the children and if they are working well with their caregivers. Jurisdictions report focusing on the safety of the children rather than looking for perfection when considering which families can be reunified.
- ✓ Family treatment courts are considering returning children home as a "child placement" with ongoing engagement, rather than returning children home and closing the case.
- ✓ Some jurisdictions are leveraging the stay-at-home orders to reconsider parenting time and temporary custody in cases where a kinship placement might facilitate improved monitoring of the parents and children.

Related Resources • In this [podcast](#) and [article](#), Jerry Milner, Associate Commissioner of the Children's Bureau, explains families' rights and protections during the COVID-19 pandemic and provides guidance to child welfare agencies and courts that emphasizes the need to support families and ensure adequate family time.

• The National Council on Crime and Delinquency article, [Considerations for Successful Video Visits with Young Children](#), provides solutions to challenges experienced by staff and families using virtual platforms to facilitate family time.

• The Association for Family and Conciliatory Courts document, [Virtual Parent Time](#), provides information on best practices in facilitating and implementing virtual parent time.

• RISE provides resources and information to parents who are involved with child welfare services. Their article, [Coping with Visits During Coronavirus](#), provides information and strategies to help parents optimize their visits regardless of the modifications made during the current public health crisis. The Family Connections WA Program offers a [video](#) of how a supportive remote visit for children in foster care might look.

CONSIDERATION #5: FAMILIES MAY EXPERIENCE SECONDARY OR LONG-TERM EFFECTS OF THE CURRENT PUBLIC HEALTH CRISIS THAT REQUIRE ADDITIONAL SERVICES AND SUPPORTS

Families across the country have endured months of social isolation, family illness or death, job loss, disruption of family routines and lack of access to services resulting in housing instability, grief, extreme stress and trauma. Families affected by substance use disorders involved in child welfare have experienced all of those same challenges in addition to lack of contact with their children, decreased parenting education and respite support and limited access to substance use treatment services and recovery supports, exacerbating their isolation, stress, grief and complex trauma. Considering how to help these families reintegrate into available services safely and support parents and children with complex trauma and grief is critical. Many of the engagement and support skills used by the workforce during non-crisis times will take on increased importance as families try to heal from their experiences during the public health crisis and address the ongoing impact on their wellbeing.




ABOUT US

The National Center on Substance Abuse and Child Welfare (NCSACW) is a technical assistance resource center jointly funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Children's Bureau (CB), Administration on Children, Youth and Families (ACYF), U.S. Department of Health and Human Services. NCSACW provides no-cost consultation, training, and technical assistance to child welfare agencies, SUD treatment agencies, courts, healthcare, early childhood providers, and other related entities. NCSACW supports these agencies in making policy and practice changes to improve outcomes for families affected by SUDs.

 Email NCSACW at ncsacw@cffutures.org

 Visit the website at <https://ncsacw.acf.hhs.gov>

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Related Resources • The ACEs Aware webinar [Primary Care & Telehealth Strategies for Addressing the Secondary Health Effects of COVID-19](#) discusses the long-term health consequences of the COVID-19 emergency, including delays and disruptions in care, and using telehealth and trauma-informed approaches in response to the emergency. The website features a variety of [resources and information](#) for managing stress related to COVID-19 and mitigating the impact of stress on physical and mental health.

• Child Trends article [Addressing COVID-19-Related Trauma and Mental Health Issues](#) outlines the variety of supports that children will need to address the trauma and mental health challenges brought on from the current public health crisis. The associated [resource page](#) provides tips and links for supporting children's emotional well-being during the pandemic.

• The Research-to Policy article [Mitigating the Implications of Coronavirus Pandemic on Families](#) provides insights on mitigating the social, economic, and health impact of the pandemic on children and families.

CONCLUSION

All families need support to navigate new challenges experienced during a public health crisis. Families affected by parental SUDs and who are involved with child welfare services have additional challenges that require flexibility and extra support. Communities nationwide are recognizing these needs and making policy and practice modifications to address them. Due to their commitment to family safety and wellbeing, professionals are forging new paths that are improving service delivery and accessibility to support families during this public health crisis, and beyond.