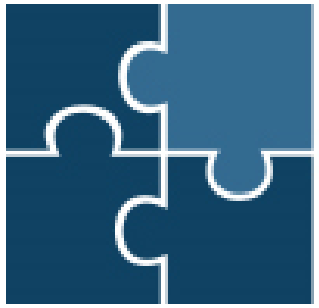
Module 1:
Understanding the Multiple Needs of Families Involved with the Child Welfare System

Child Welfare Training Toolkit



National Center on Substance Abuse and Child Welfare

Acknowledgment

National Center on Substance Abuse and Child Welfare

A program of the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration for Children and Families (ACF), Children's Bureau

SAMHSA
Substance Abuse and Mental Health Services Administration

Children's Bureau

www.ncsacw.samhsa.gov | ncsacw@cffutures.org

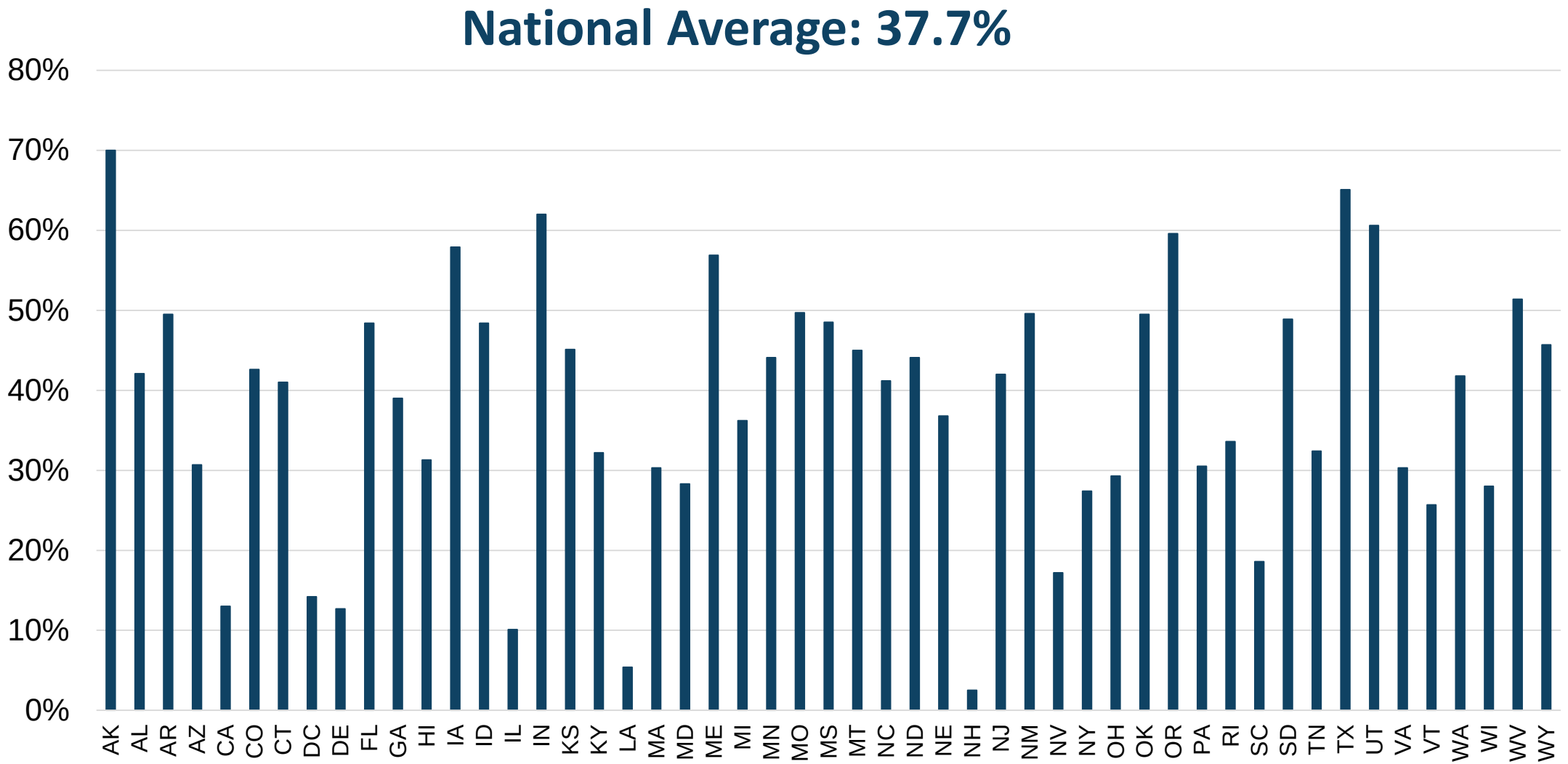
Learning Objectives

After completing this training, child welfare workers will:

- Identify the prevalence of substance use and mental health disorders, and trauma in the child welfare population
- Recognize the effects of substance use, mental health, trauma, and co-occurring disorders on children and families
- Recognize the impact of bias and stigma from an agency perspective and a personal perspective
- Understand the importance of a family-centered approach when working with families with co-occurring challenges
- Identify the benefits of collaborating with other systems and service providers to better serve families

The Data

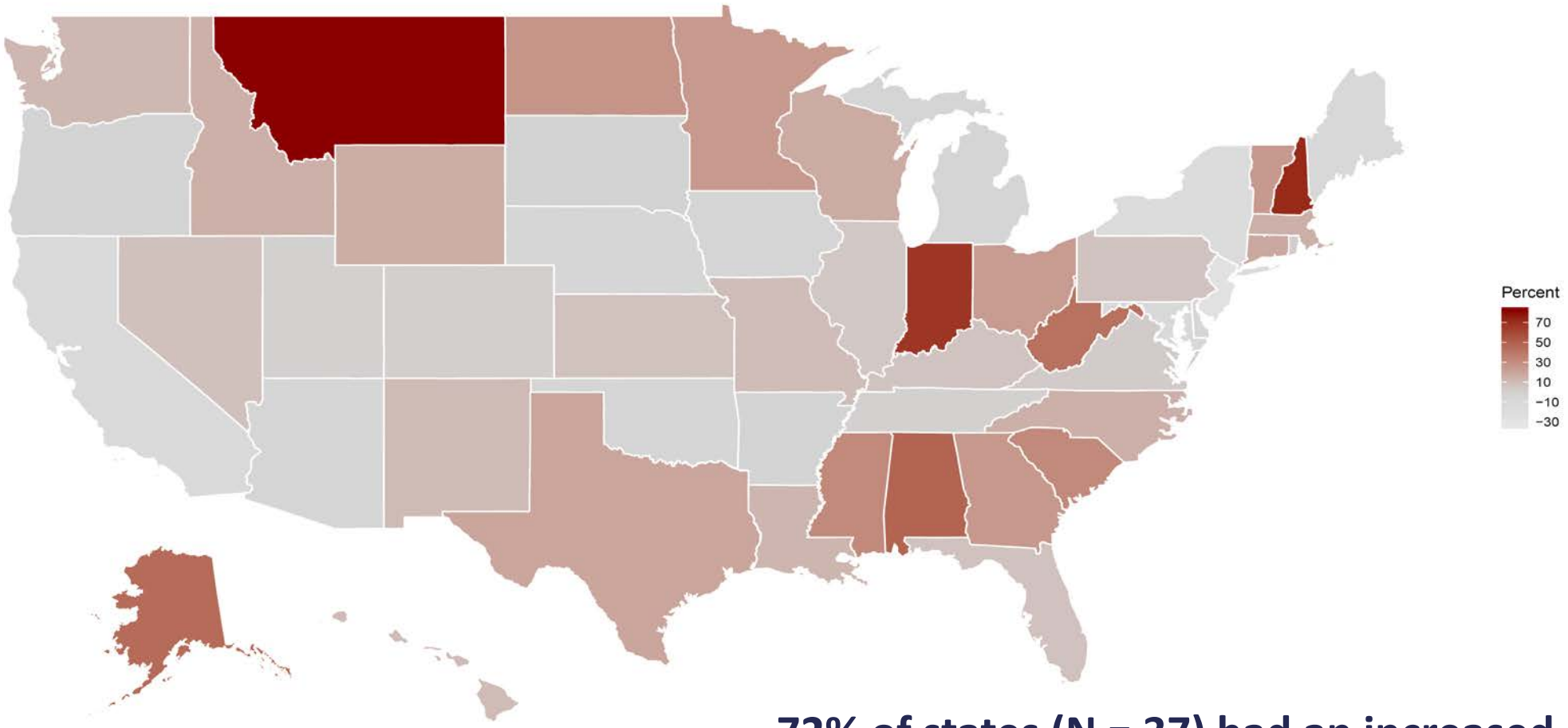
Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Reason for Removal by State, 2017



*Note: Estimates based on **all children in out-of-home care at some point** during the fiscal year.*

(U.S. Department of Health and Human Services, 2018)

Percent Change of Children Placed in Out-of-Home Care (OOHC) by State, 2012–2017

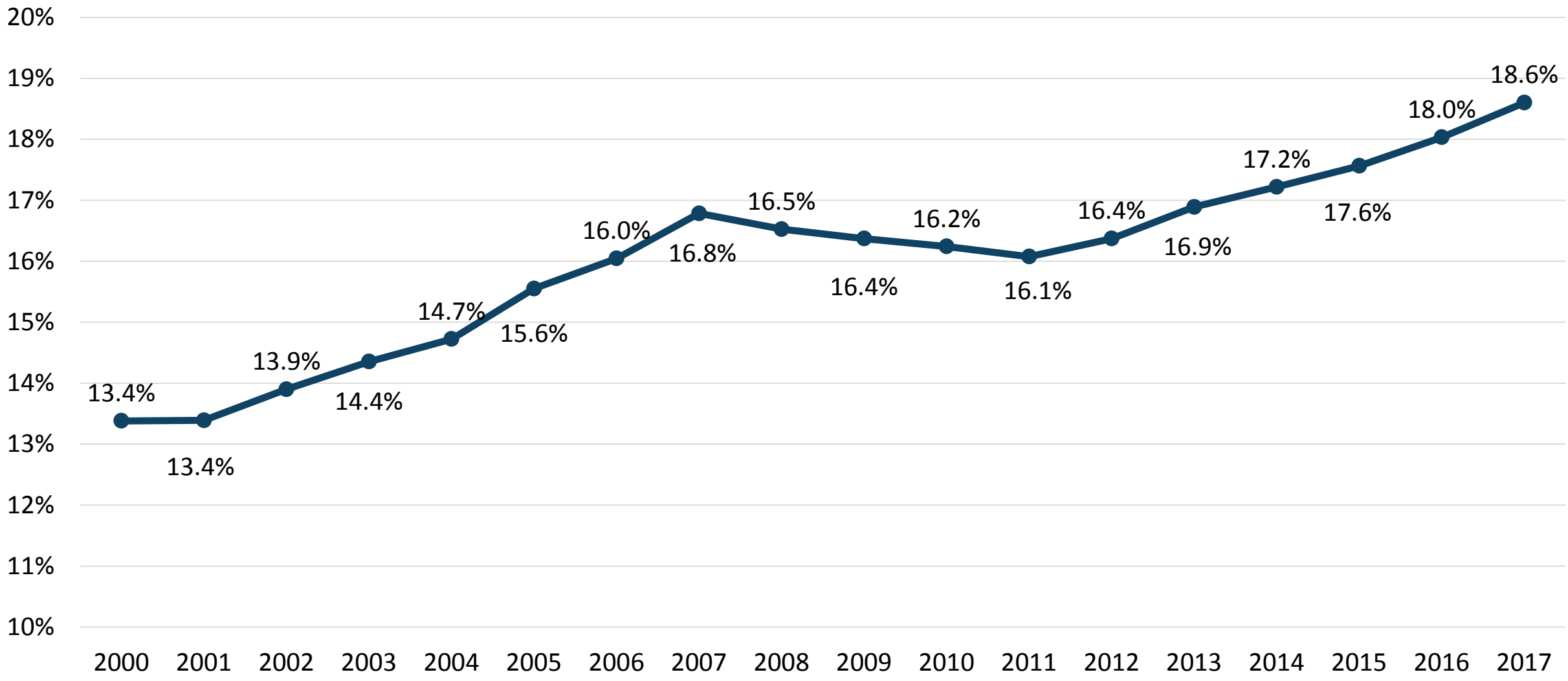


72% of states (N = 37) had an increased rate of *children* placed in OOHC from 2012 to 2017.

*Note: Estimates based on **children who entered out-of-home care** during the fiscal year.*

(U.S. Department of Health and Human Services, 2018)

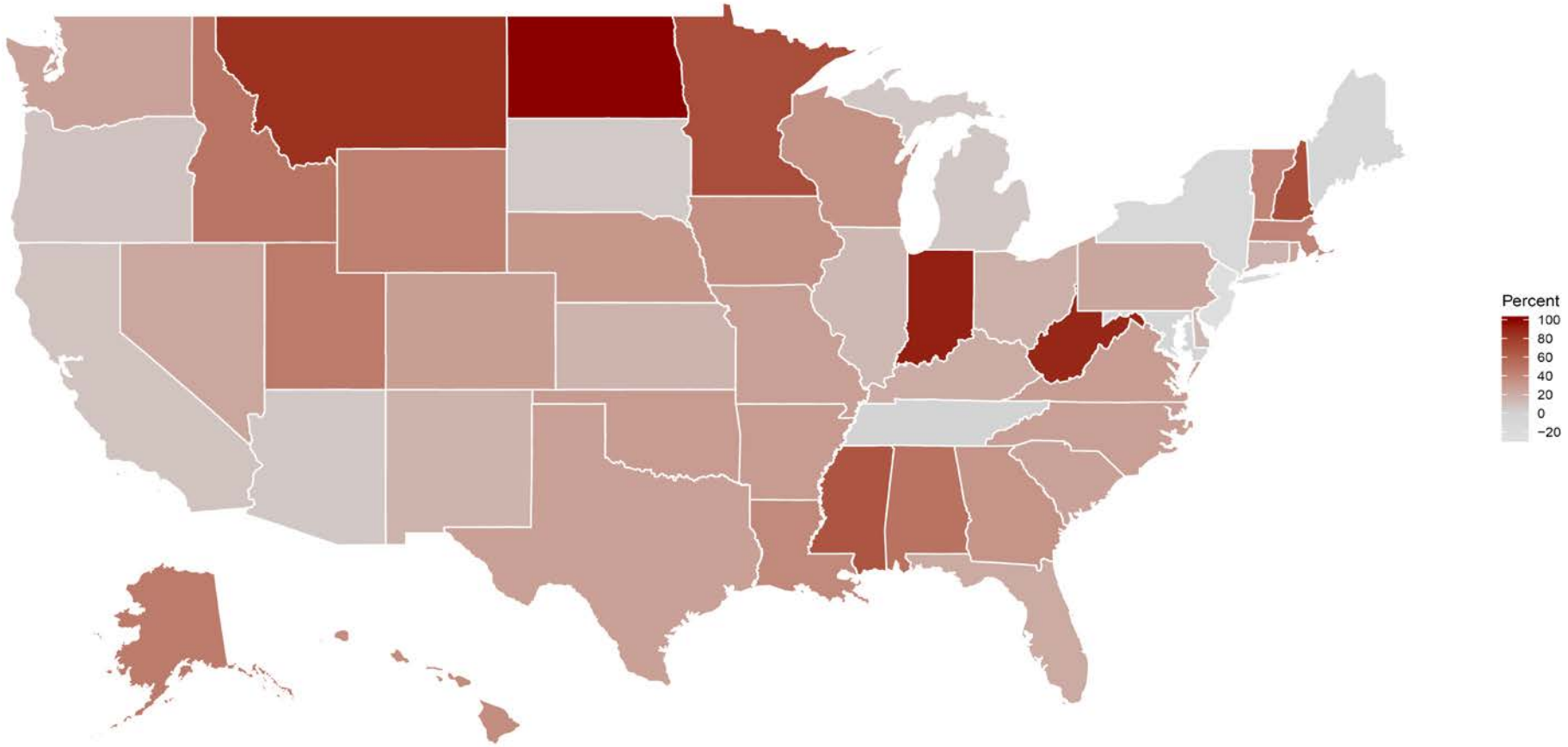
Percentage of Children Under Age 1 Who Entered OOHC in the United States, 2000–2017



*Note: Estimates based on **children who entered out-of-home care** during the fiscal year.*

(U.S. Department of Health and Human Services, 2018)

Percent Change of Children Under Age 1 Placed in Out-of-Home Care by State, 2012–2017



90% of states (N = 46) had an increased rate of *children under age 1* placed in OOHC from 2012 to 2017.

*Note: Estimates based on **children who entered out-of-home care** during the fiscal year.*

(U.S. Department of Health and Human Services, 2018)

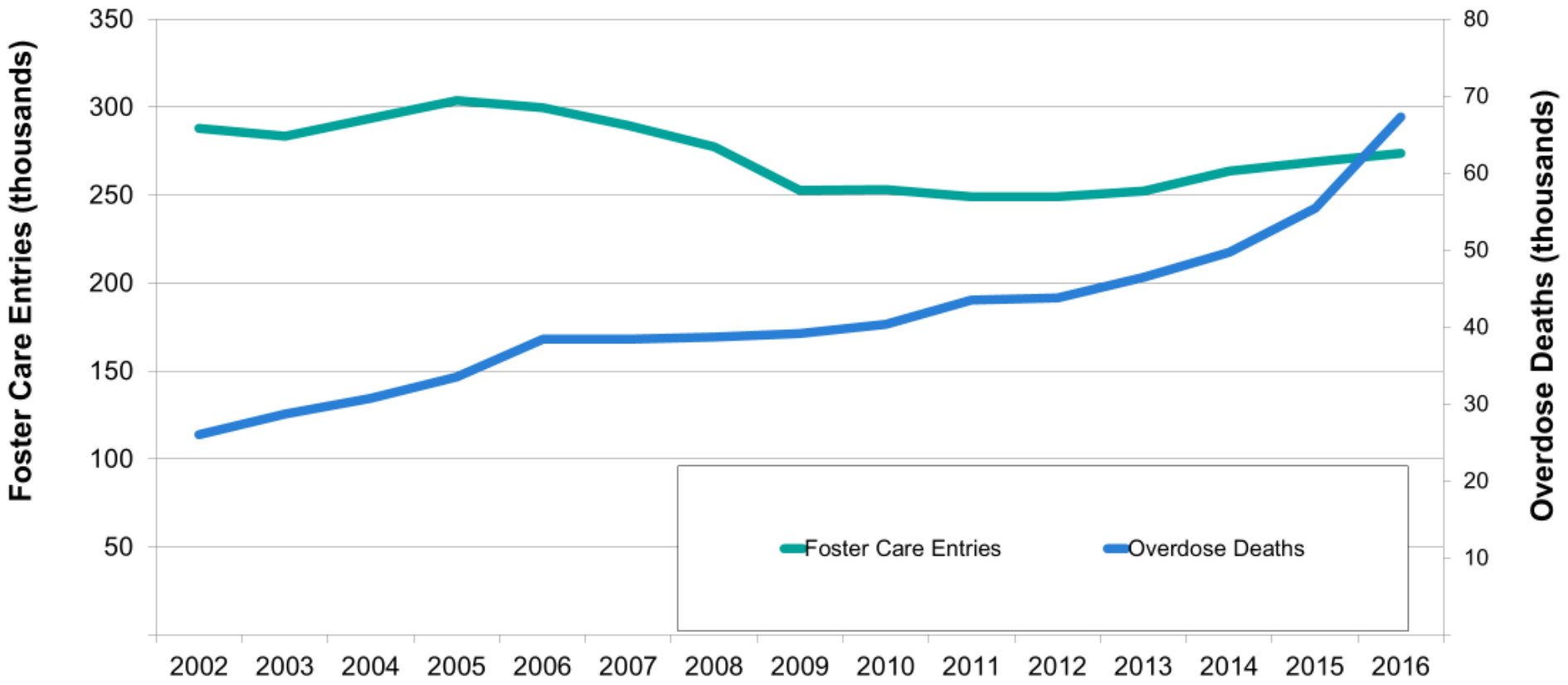
Office of the Assistant Secretary for Planning and Evaluation (ASPE) Study on Substance Use and Child Welfare

Identify the effect of substance use prevalence and drug death rates on child welfare caseloads, including:

- Total reports of child maltreatment
- Substantiated reports of child maltreatment
- Foster care entries

(Radel et al., 2018)

Comparison of Overdose Deaths and Foster Care Entries, 2002–2016



(Radel et al., 2018)

Child Welfare Laws and Considerations

ASFA Timetables

When a child has been in foster care for 15 of 22 months, the state must request a petition to terminate parental rights, unless:

1. A relative is caring for the child,
2. There is a *compelling reason* that termination would not be in the best interests of the child,* or
3. The state has not provided the family the needed services within the required deadlines.

*For example, when the parent is participating and engaged in the substance use or mental health disorder treatment plan.

(Child Welfare Information Gateway, 2017)

Time to Treatment Matters

Child Welfare
12-month timetable for permanency hearing

Conflicting Timetables

Parent–Child Relationship
Attachment, loss, and separation

Treatment and Recovery
Ongoing process that may take longer

Indian Child Welfare Act Protection

Purpose:

- Protects the interests of American Indian families
- Addresses the process and considerations for removing Indian children from their families

The Indian Child Welfare Act protects unmarried Indian youth under 18 years of age who are:

- A member of a federally recognized Indian tribe, or
- The biological child of a member of an Indian tribe and eligible for membership in a tribe

(Bureau of Indian Affairs, 2016)

Indian Child Welfare Act Protection

The most common violations are:

- Failure to identify American Indian children
- Failure to inform the tribe once children are identified

To fully participate in these provisions:

- Make active efforts to contact the appropriate tribes
- Involve the tribes in decisions about the family
- Allow the tribe to take over the responsibility, if it wishes to do so

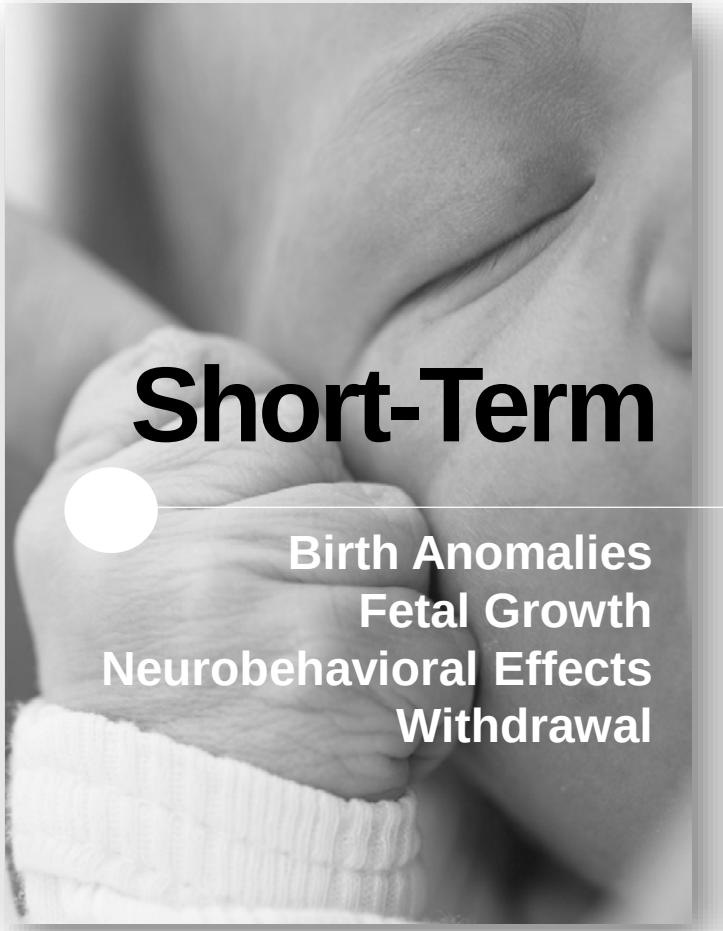
(Bureau of Indian Affairs, 2016)

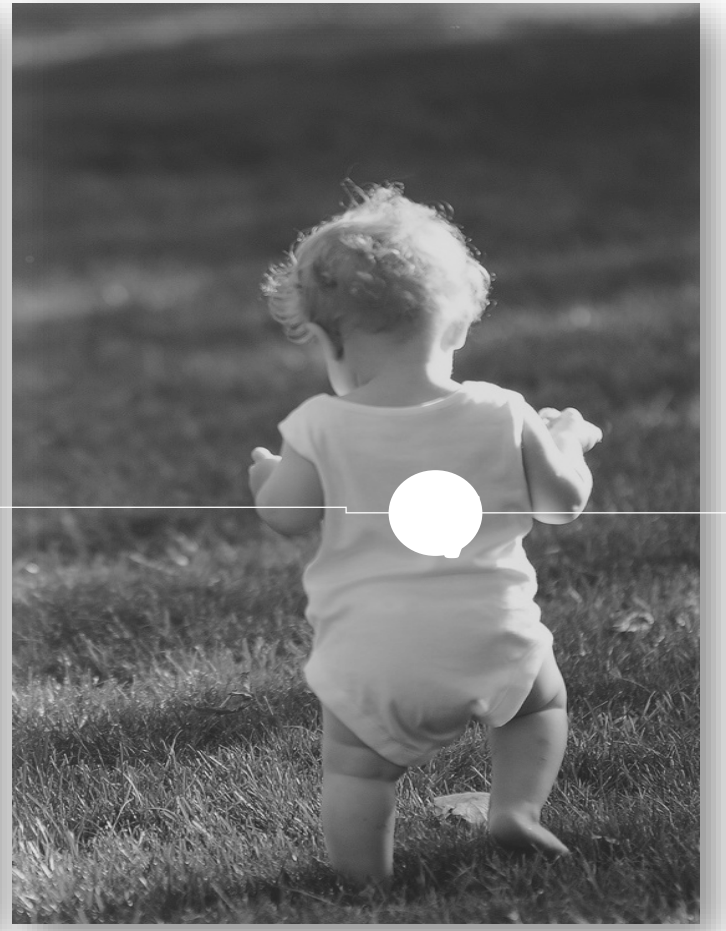
Substance Use Disorders and the Effects of Prenatal Substance Exposure on Infants, Parents, and Families

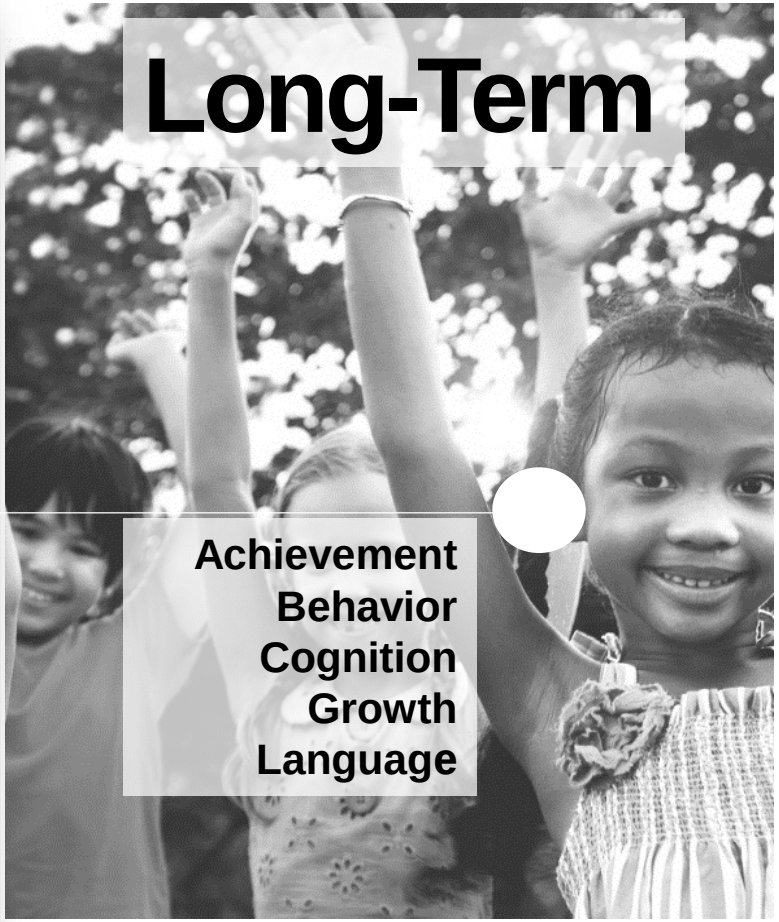
Effects of Prenatal Substance Exposure

American Academy of Pediatrics Technical Report

Comprehensive review of ~275 peer-reviewed articles over 40 years (1968–2006)







(Behnke & Smith, 2013)

Complex Interplay of Factors

Interaction of various prenatal and environmental factors:

- Family characteristics
- Family trauma
- Prenatal care
- Exposure to multiple substances (alcohol and tobacco)
- Early childhood experiences in bonding with parents and caregivers
- Other health and psychosocial factors

(American College of Obstetricians and Gynecologists, 2017; Bandstra et al., 2010; Baldacchino et al., 2014; Nygaard et al., 2016)

Effect of Substance Use Disorders on Family Functioning

- Child development
- Household safety
- Psychosocial impact
- Parenting
- Intergenerational factors

(Smith & Wilson, 2016)

Substance Use Disorders, Mental Health Disorders, and Trauma in Child Welfare

Understanding Substance Use and Mental Health Disorders

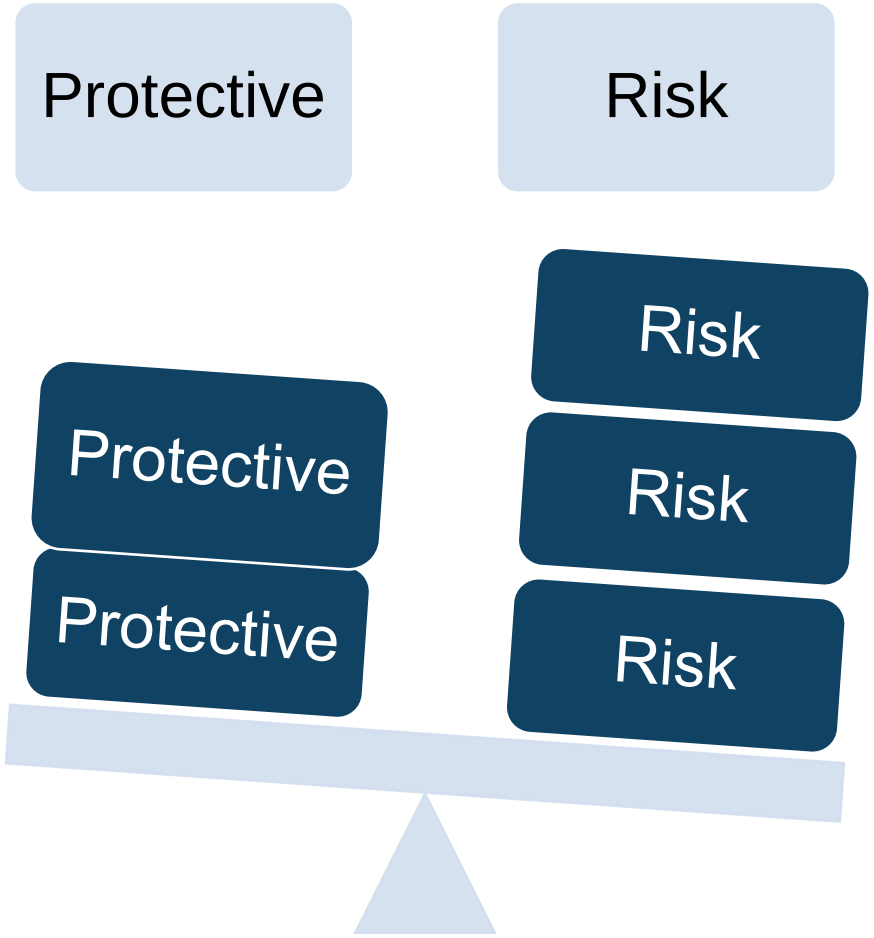
Co-Occurring Disorders

Understanding Parents With Substance Use and Mental Health Disorders

- Self-medicate untreated emotional or health problems
- Manage untreated anxiety or depression
- Express anger and discouragement
- Punish themselves for failure
- Escape negative aspects of their lives

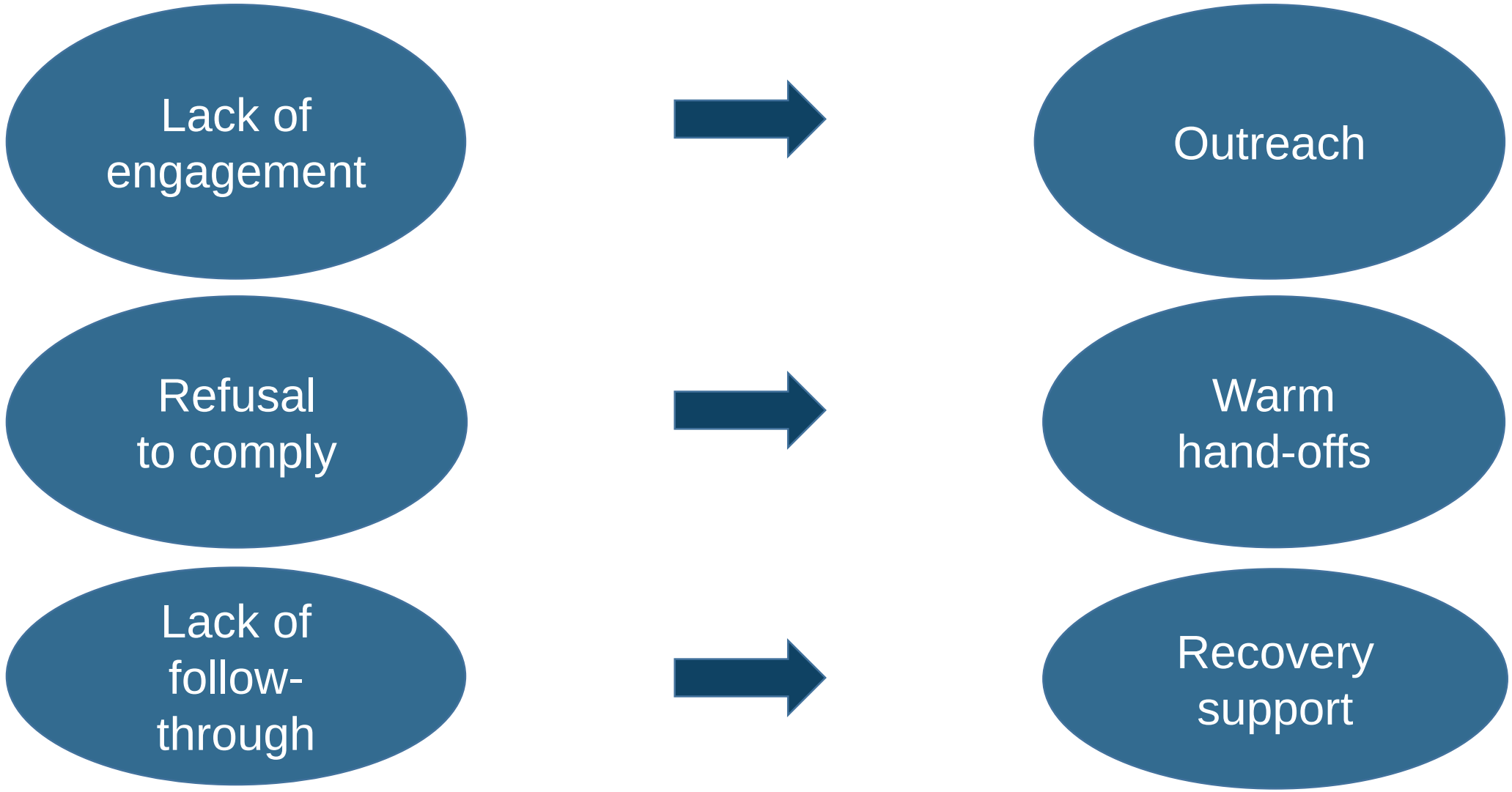
(Lander, Howsare, & Byrne, 2013)

Protective and Risk Factors



(National Institute on Drub Abuse, 2003)

Behavior Interventions



Effects of Trauma

- Attachment and relationships
- Physical health: body and brain
- Emotional responses
- Dissociation
- Behavior
- Cognition: thinking and learning
- Self-concept and future orientation
- Economic impact

(National Child Traumatic Stress Network, n.d.)

Substance Use Disorder, Mental Health Disorders, and Trauma

- An estimated **10%–11%** of the **4.1 million live births** annually involve prenatal exposure to alcohol or drugs.
- Parents with substance use disorders often have a history of trauma, with **60%–90%** of treatment participants experiencing one or more traumatic events.
- Families affected by substance use disorders who are involved in the child welfare system need a system of care that recognizes the impact of trauma on their functioning and recovery.
- In a trauma-informed organization, every part of the organization–from management to service delivery–has an understanding of how trauma affects the life of an individual seeking services.
- Roughly 7.9 million adults had co-occurring mental health and substance use disorders in 2014.
- Just over 42% of persons seeking substance use disorder treatment have been diagnosed with co-occurring mental health and substance use disorders.

(Center for Substance Abuse Treatment, 2000; Dube et al., 2003; Felitti et al., 1998; Greeson et al., 2011; Kisiel et al., 2014)

Women's Experiences of Co-Occurring Disorders, Trauma, and Domestic Violence

Childhood Abuse

- Women with substance use disorders are more likely to report a history of childhood abuse.
  - Physical, sexual, and/or emotional abuse

Trauma

- Many women with substance use disorders experienced physical or sexual victimization in childhood or in adulthood, and may suffer from PTSD.
- Alcohol or drug use may be a form of self-medication for people with PTSD and other mental health disorders.

(Substance Abuse and Mental Health Services Administration, 2009)

Women's Experiences of Co-Occurring Disorders, Trauma, and Domestic Violence

Domestic Violence

- Women who have a substance use disorder are more likely to become victims of domestic violence.
  - Victims of domestic violence are more likely to become dependent on tranquilizers, sedatives, stimulants, and painkillers, and are more likely to abuse alcohol.

Co-Occurring Disorders

- Childhood abuse and neglect may contribute to anxiety, depression, PTSD, dissociative disorders, personality disorders, self-mutilation, and self-harming in adults.
- Among individuals with substance use problems, more women than men have a secondary diagnosis of a mental health disorder.

(Khoury et al., 2010; Substance Abuse and Mental Health Services Administration, 2009)

Additional Stressors

- Co-occurring substance use and mental health disorders
- Limited educational and vocational opportunities
- Limited fiscal resources
- Criminal involvement
- Physical illnesses
- Difficult and traumatic life experiences

(Center for Behavioral Health Statistics and Quality, 2015)

Stigma

Confronting Stigma

Stigma associated with substance use disorder:

- “The Stigma of Addiction”: https://www.youtube.com/watch?v=LDsIGHEGj6w

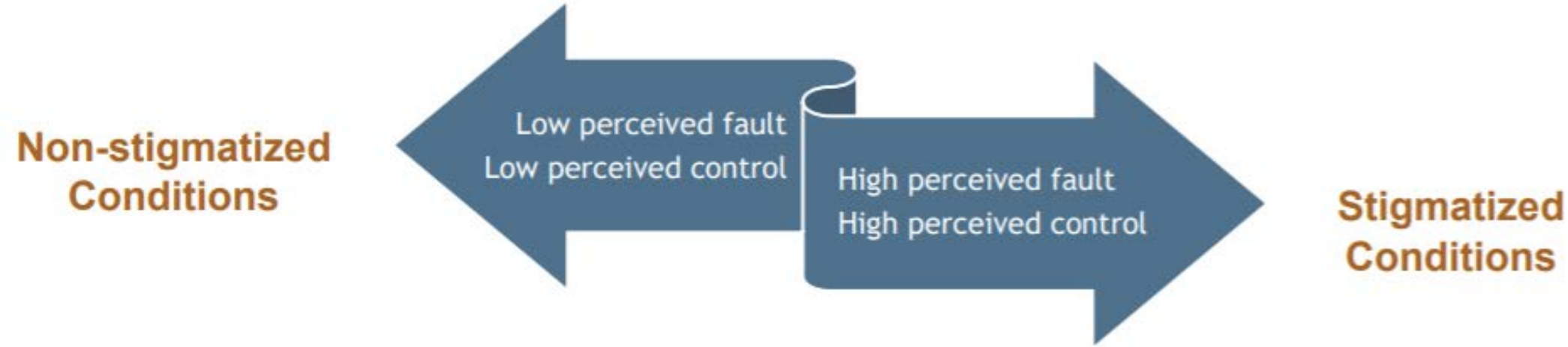
Stigma associated with mental health disorder:

- “What Is Stigma?”: https://www.youtube.com/watch?v=9vkUMXaJDM4

Stigma

Two main factors affect the burden of stigma placed on a particular disease or disorder:

- Perceived control that a person has over the condition
- Perceived fault in acquiring the condition



(Education Development Center, 2017)

Stigma

- Affects the attitudes of…
  - Medical and healthcare professionals
  - Social service agencies and workers
  - Families and friends

- Creates barriers to treatment and impedes access to programs
- Influences policies

(Center for Substance Abuse Treatment, 2008)

Stigma and Perceptions

Perceptions about people with substance use disorders:

- Once an addict, always an addict
- They don’t really want to change
- They lie
- They must love their drug more than their child
- They need to get to rock bottom, before…

Combating Stigma

- Are you using person-first language?
- Are you using technical language with a single, clear meaning instead of colloquialisms or words with inconsistent definitions?
- Are you conflating substance use and a substance use disorder?
- Are you using sensational or fear-based language?
- Are you unintentionally perpetuating drug-related moral panic?

(Center for Substance Abuse Treatment, 2008)

Language Considerations

Instead of:	Try:
Addict	Person with a substance use disorder
	Person with a serious substance use disorder
Addicted to X	Has an X use disorder
	Has a serious X use disorder
	Has a substance use disorder involving X (if more than one substance is involved)
Addiction	Substance use disorder
	Serious substance use disorder
	Note: • "Addiction" is appropriate when quoting findings or research that used the term or if it appears in a proper name of an organization. • "Addiction" is appropriate when speaking of the disease process that leads to someone developing a substance use disorder that includes compulsive use (for example, "the field of addiction medicine," and "the science of addiction"). • It is appropriate to refer to scheduled drugs as "addictive."

(White House Office of National Drug Control Policy, 2015)

Language Considerations

Alcoholic	Person with an alcohol use disorder
	Person with a serious alcohol use disorder
Alcoholics Anonymous / Narcotics Anonymous / etc.	**Note:** When using these terms, take care to avoid divulging an individual's participation in a named 12-step program.
Clean	Abstinent
Clean Screen	Substance-free
	Testing negative for substance use
Dirty	Actively using
	Positive for substance use
Dirty Screen	Testing positive for substance use
Drug habit	Substance use disorder
	Compulsive or regular substance use

(White House Office of National Drug Control Policy, 2015)

Language Considerations

Drug/Substance Abuser	Person with a substance use disorder
	Person who uses drugs (if not qualified as a disorder)
	Note: When feasible, "Drug/Substance Abuse" can be replaced with "Substance Use Disorder."
Former/reformed Addict/Alcoholic	Person in recovery
	Person in long-term recovery
Opioid Replacement or Methadone Maintenance	Medication assisted treatment
	Medication-assisted recovery
Recreational, Casual, or Experimental Users (as opposed to those with a use disorder)	People who use drugs for non-medical reasons
	People starting to use drugs
	People who are new to drug use
	Initiates

(White House Office of National Drug Control Policy, 2015)

Treatment

A Treatable Disease

"Groundbreaking discoveries about the brain have *revolutionized* our understanding of addiction, enabling us to *respond effectively* to the problem."

—Dr. Nora Volkow, National Institute on Drug Abuse

- Substance use disorders are preventable and treatable.
- Discoveries in the science of addiction have led to advances in substance use disorder treatment that help people stop misusing drugs and resume productive lives.
- Treatment enables people to counteract addiction's powerful disruptive effects on the brain circuitry and behavior and regain areas of life function.
- Successful substance use disorder treatment is highly individualized and entails:
  - Medication
  - Behavioral interventions
  - Peer support

(National Institute on Drug Abuse, 2018; Longo, 2016)

Purpose of Treatment

- Reduce the major symptoms of the illness.
- Improve health and social functioning.
- Teach and motivate individuals to monitor their condition and manage threats of relapse.
- Substance use disorder treatment is classified into different modalities—detoxification, residential treatment, outpatient treatment, medication-assisted treatment, aftercare, and community supports.

(National Institute on Drug Abuse, 2018)

Overview of the Treatment Process

Early Identification, Screening, and Brief Intervention	Done at earliest point possible

Comprehensive Assessment	Determine extent and severity of disease

Stabilization	Via medically supervised detoxification, when necessary

Timely and Appropriate Substance Use Disorder Treatment	Address substance use disorder and co-occurring issues

Continuing Care and Recovery Support	Help parents sustain recovery, maintain family safety and stability

(American Society of Addiction Medicine, 2014)

Assessment of Co-Occurring Disorders

Three possible paths:

1. One person does an assessment for both substance use and mental health disorder.
2. Assessment of substance use disorder leads to referral and assessment for a mental health disorder.
3. Assessment of mental health disorder leads to referral and assessment for a substance use disorder.

Not all treatment professionals are cross-trained to conduct both assessments, nor do they always actively look for co-occurring disorders.

Research-Based Approaches for Treating Women

Treatment Models

- Relationship-based; peer support, family support, and affinity groups
- Child care, transportation, economic support, and vocational/job services

Parenting Role

- Parenting role cannot be separated from treatment.
- Treatment programs that accommodate mothers with their children establish trust and engagement.

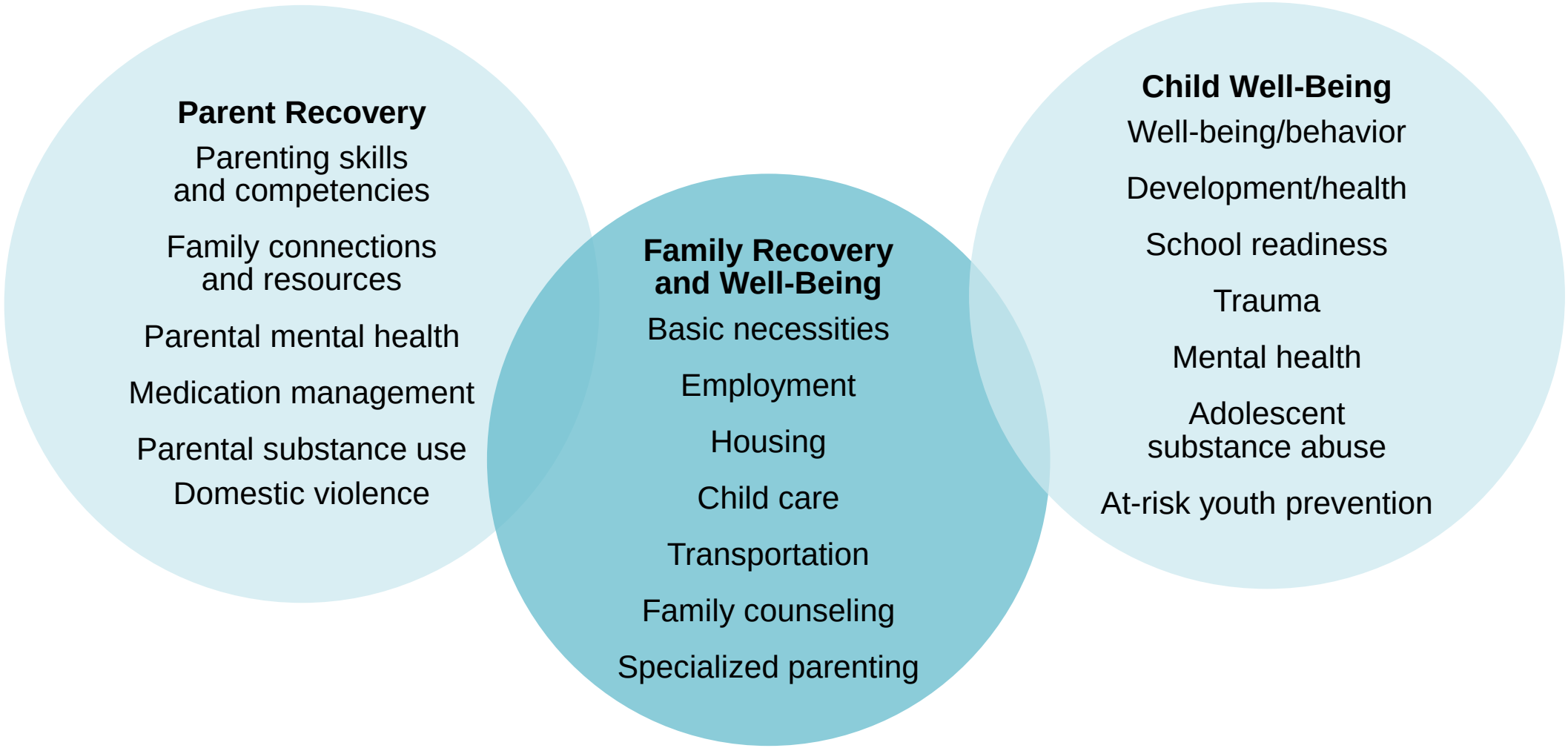
(Center for Substance Abuse Treatment, 2009; Werner et al., 2007)

Healthy Relationships for Fathers

- Fostering healthy relationships between fathers and children is integral to recovery from substance use and mental health disorders and development of parenting skills.
- Both parents should be involved in the lives of their children to the extent that children are safe and protected.
- The dependency court and child welfare systems are required to make reasonable efforts to locate absent fathers.

(Neger & Prinz, 2015)

A Family Focus



(Werner, Young, Dennis, & Amatetti, 2007)

Recovery Occurs in the Context of the Family

- A substance use disorder is a disease that affects the family.
- Adults (who have children) primarily identify themselves as parents.
- The parenting role and parent–child relationship cannot be separated from treatment.
- Adult recovery should have a parent–child component including substance use prevention for the child.

(Ghertner et al., 2018; Radel et al., 2018)

Family-Centered Approach

Recognizes that addiction is a **brain disease** that affects the entire **family** and that recovery and well-being occurs **in the context of the family.**

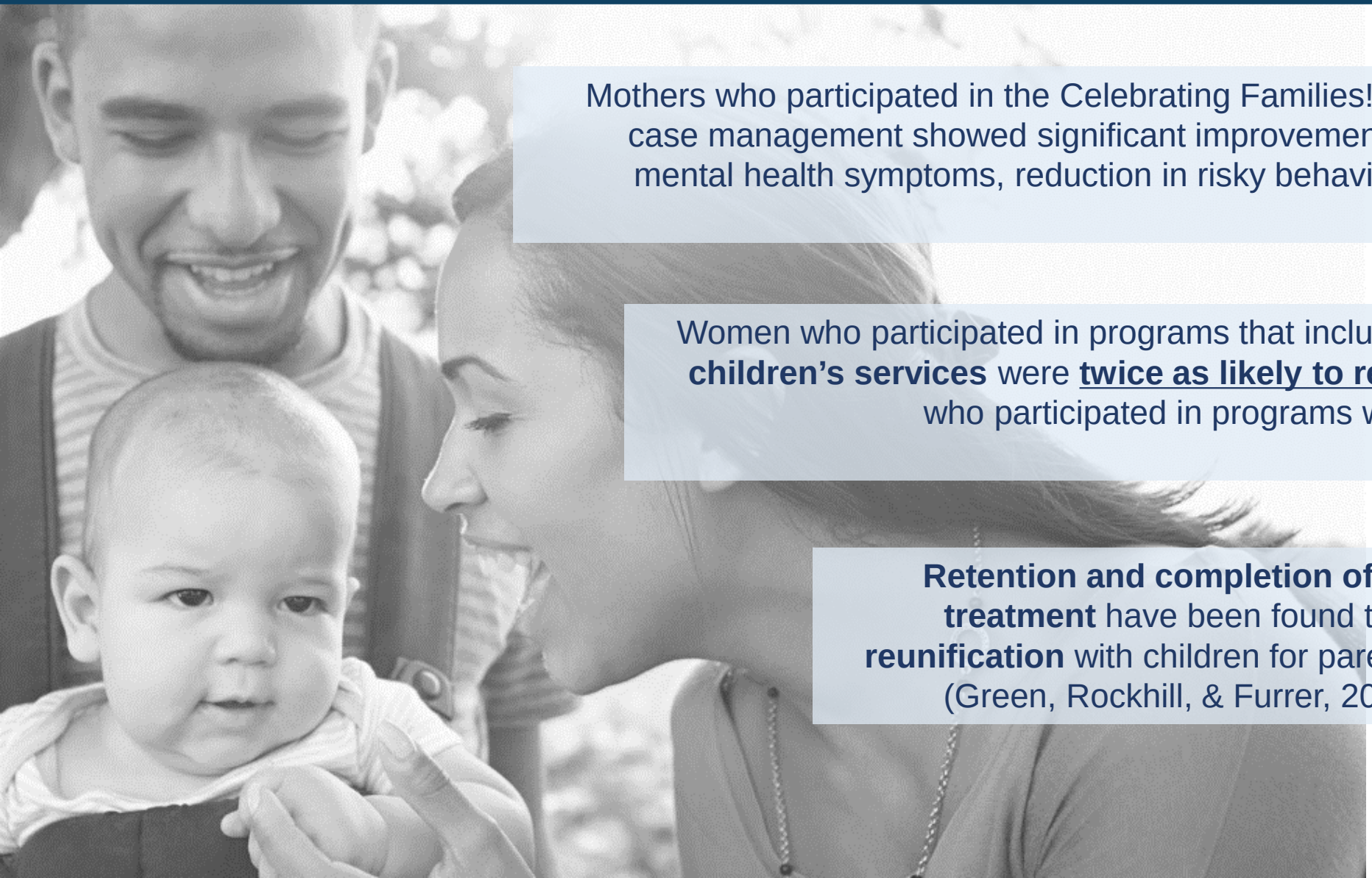
(Adams, 2016; Bruns et al., 2012)

Principles of Family-Centered Treatment

- Treatment is comprehensive and inclusive of substance use disorder treatment, clinical support services, and community supports for parents and their families.
- The caretaker defines “family,” and treatment identifies and responds to the effect of substance use disorders on every family member.
- Families are dynamic, and thus treatment must be dynamic.
- Conflict within families is resolvable, and treatment builds on family strengths to improve management, well-being, and functioning.
- Cross-system coordination is necessary to meet complex family needs.

(Werner et al., 2007)

Benefits of Family-Centered Substance Use Disorder Treatment



Mothers who participated in the Celebrating Families! Program and received integrated case management showed significant improvements in **recovery**, including reduced mental health symptoms, reduction in risky behaviors, and longer program retention (Zweben et al., 2015).

Women who participated in programs that included a **"high" level of family and children's services** were **twice as likely to reunify** with their children as those who participated in programs with a "low" level of these services (Grella, Hser, & Yang, 2006).

Retention and completion of comprehensive substance use treatment have been found to be the **strongest predictors of reunification** with children for parents with substance use disorders (Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2011).

Collaboration

Improving Communication:
No Single Agency Can Do This Alone

Better Together

Improving the outcomes of children and families affected by parental substance use requires a coordinated response that draws from the talents and resources of *at least* the following systems:

- Child welfare
- Substance use treatment
- Courts
- Health care

(Children and Family Futures, 2011)

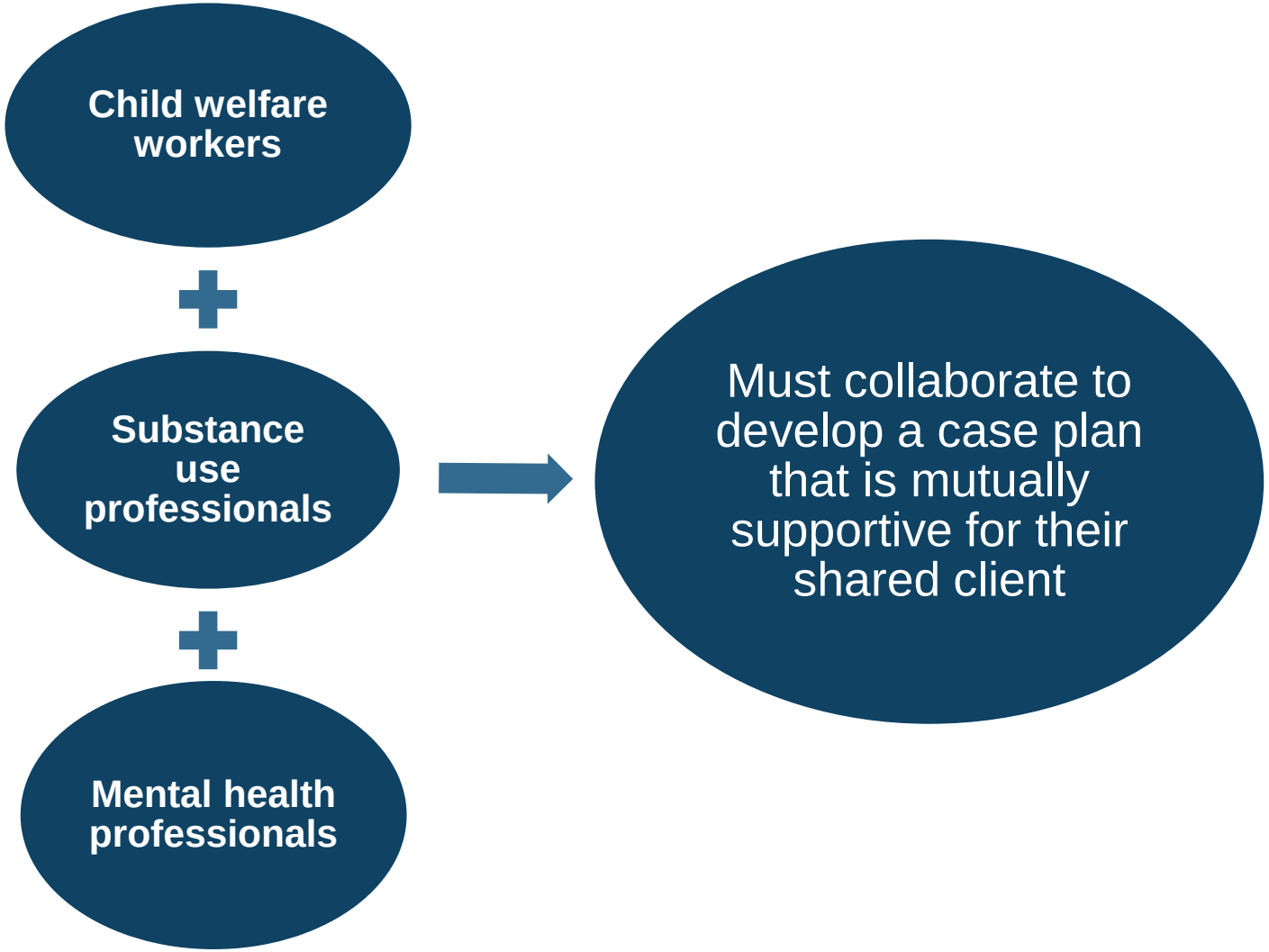
The Need to Do Better for Families

Substance use disorders can negatively affect a parent's ability to provide a stable, nurturing home and environment. Of children in care, an estimated **61% of infants and 41% of older children** have at least one parent who **is using drugs or alcohol** (Wulczyn, Ernst, & Fisher, 2011).

Families affected by parental substance use disorders have a **lower likelihood of successful reunification** with their children, and their children tend to **stay in the foster care system longer** than children of parents without substance use disorders (Brook & McDonald, 2009).

The **lack of coordination and collaboration** between child welfare agencies, community partners, and substance use disorder treatment providers **undermines the effectiveness of agencies' response to families** (Radel et al., 2018).

Collaboration



Benefits of Collaboration

- Contributes to better outcomes and efficiencies in the service delivery systems.
- The investment of time leads to better shared understanding, improved planning efficiency, and more effective monitoring of parental progress.
- Collaboration in case planning and information sharing can include child welfare workers, substance use treatment providers, mental health treatment providers, court professionals and other related service professionals.

Collaboration

- Collaboration can provide many benefits to families in treatment.
- Families experience benefits when child welfare workers understand the context of the parent's substance use and/or mental health disorders and how treatment works.
- Collaboration promotes these benefits for families:
  - Improves family engagement
  - Improves planning and family outcomes
  - Reduces family stress
  - Helps families meet requirements
  - Improves information sharing

(Center for Substance Abuse Treatment, 2004)

Seven Collaborative Practice Strategies

1. **Identification:** A system of identifying families in need of substance use disorder treatment
2. **Timely Access:** Timely access to substance use disorder assessment and treatment services
3. **Recovery Support Services:** Increased management of recovery services and monitoring compliance with treatment
4. **Comprehensive Family Services:** Two-generation family-centered services that improve parent–child relationships
5. **Increased Judicial and Administrative Oversight:** More frequent contact with parents, with a family focus to interventions
6. **Cross-Systems Response:** Systematic response for participants based on contingency contracting methods
7. **Collaborative Structures:** Collaborative non-adversarial approach grounded in efficient communication across service systems and the courts

(National Center on Substance Abuse and Child Welfare, 2014, 2016; U.S. Department of Health and Human Services, 2013)

National Center on Substance Abuse and Child Welfare

A Program of the

Substance Abuse and
Mental Health Services Administration

Center for Substance Abuse Treatment

and the

Administration on Children,
Youth and Families Children's Bureau
Office on Child Abuse and Neglect

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