Improving Outcomes for Families Affected by Substance Use Disorders: What Child Welfare, Direct Service Providers, and Courts Need to Know

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Acknowledgement

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

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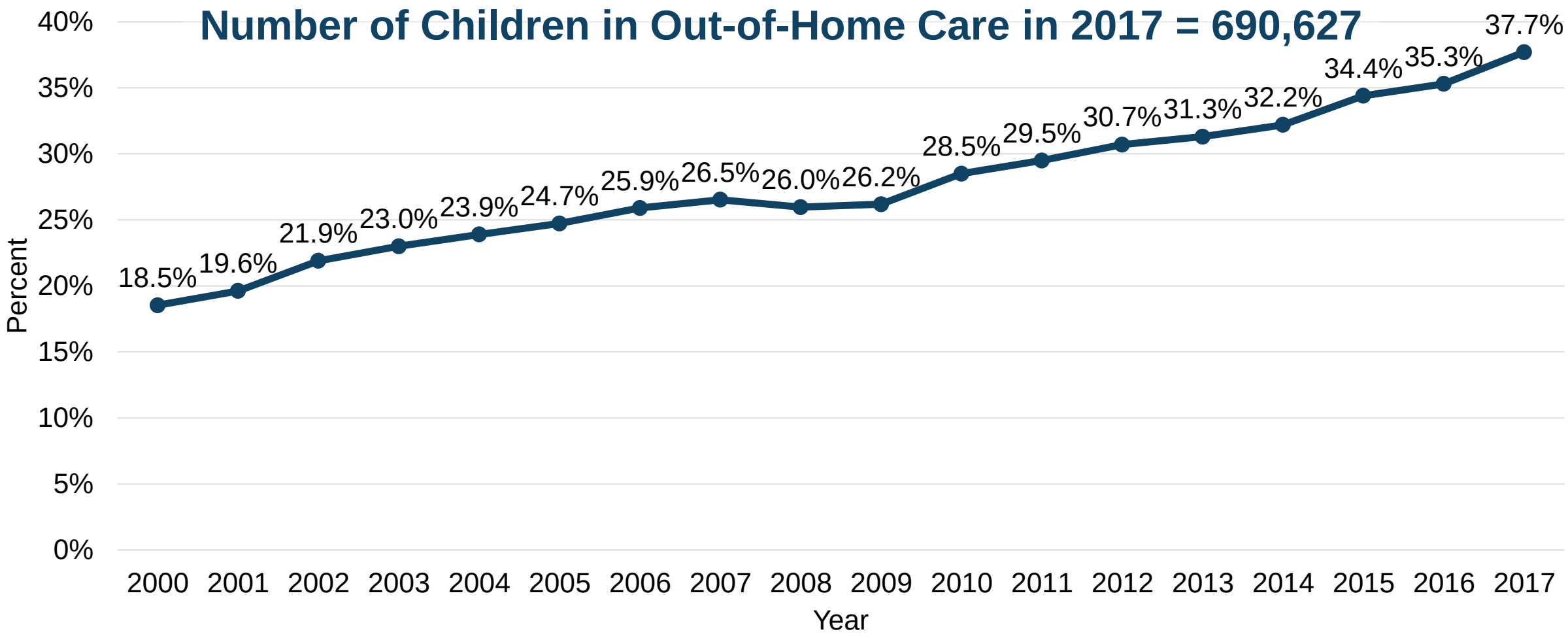
The Problem

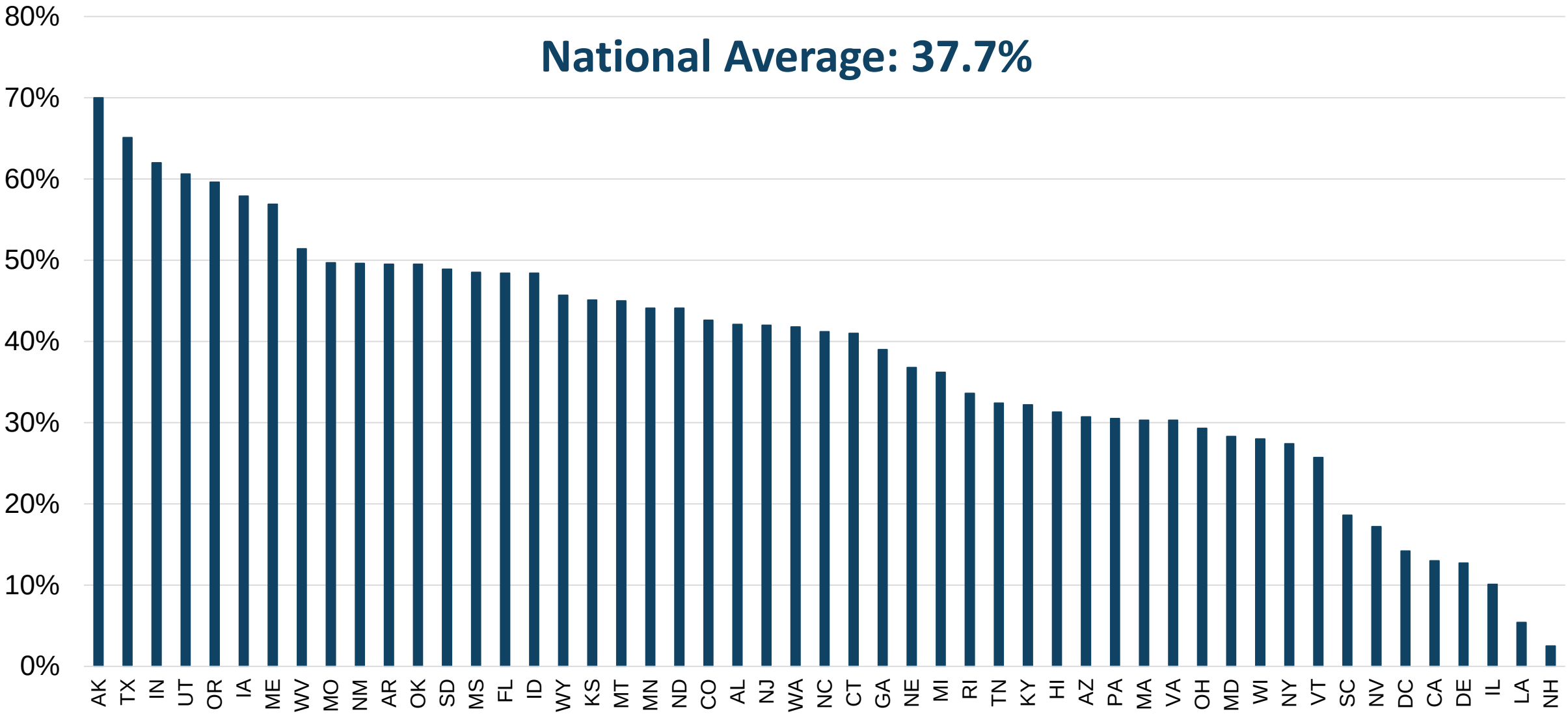
Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Removal in the United States, 2000 to 2017



*Note: Estimates based on **all children in out of home care at some point** during Fiscal Year*

Source: AFCARS Data, 2000-2017

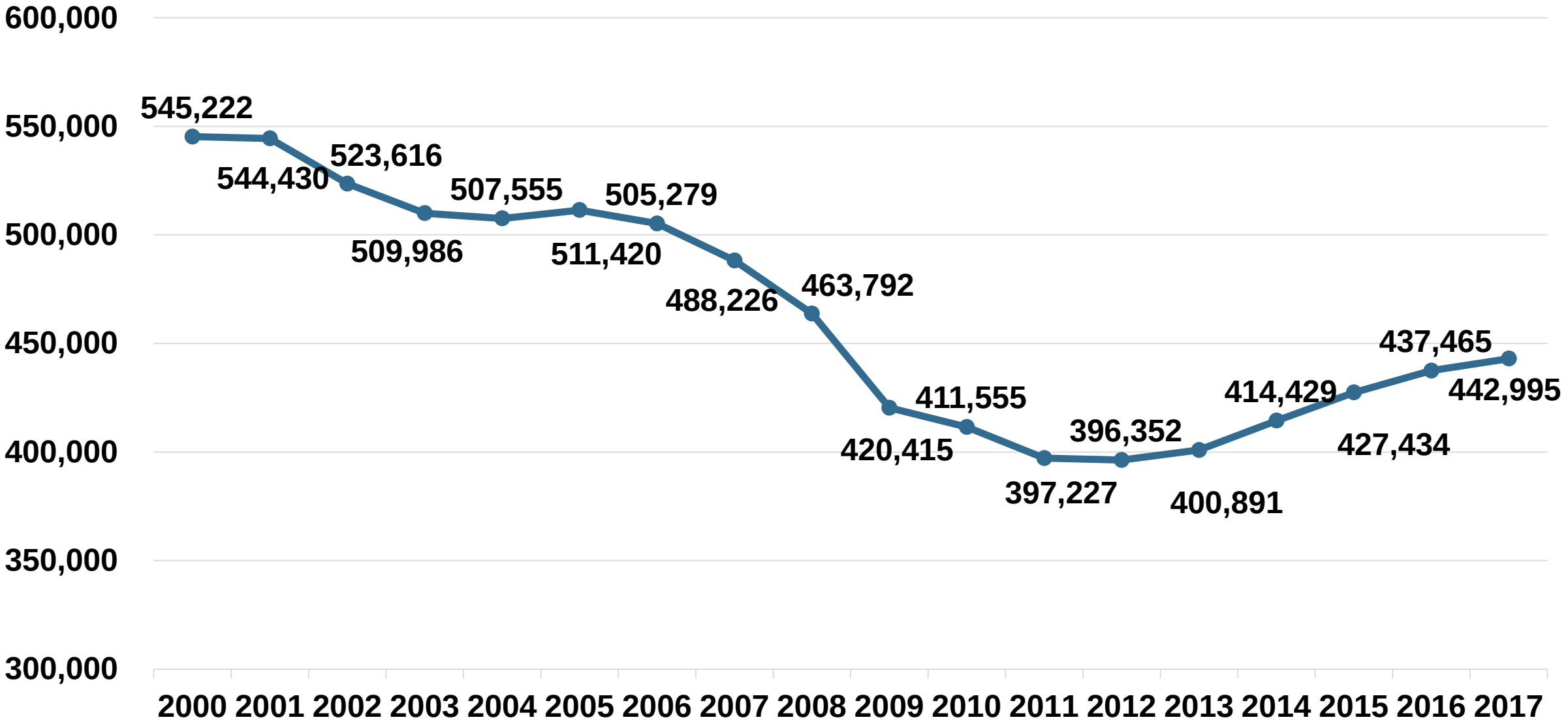
Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Reason for Removal by State, 2017



*Note: Estimates based on **all children in out of home care at some point** during Fiscal Year*

Source: AFCARS Data, 2017

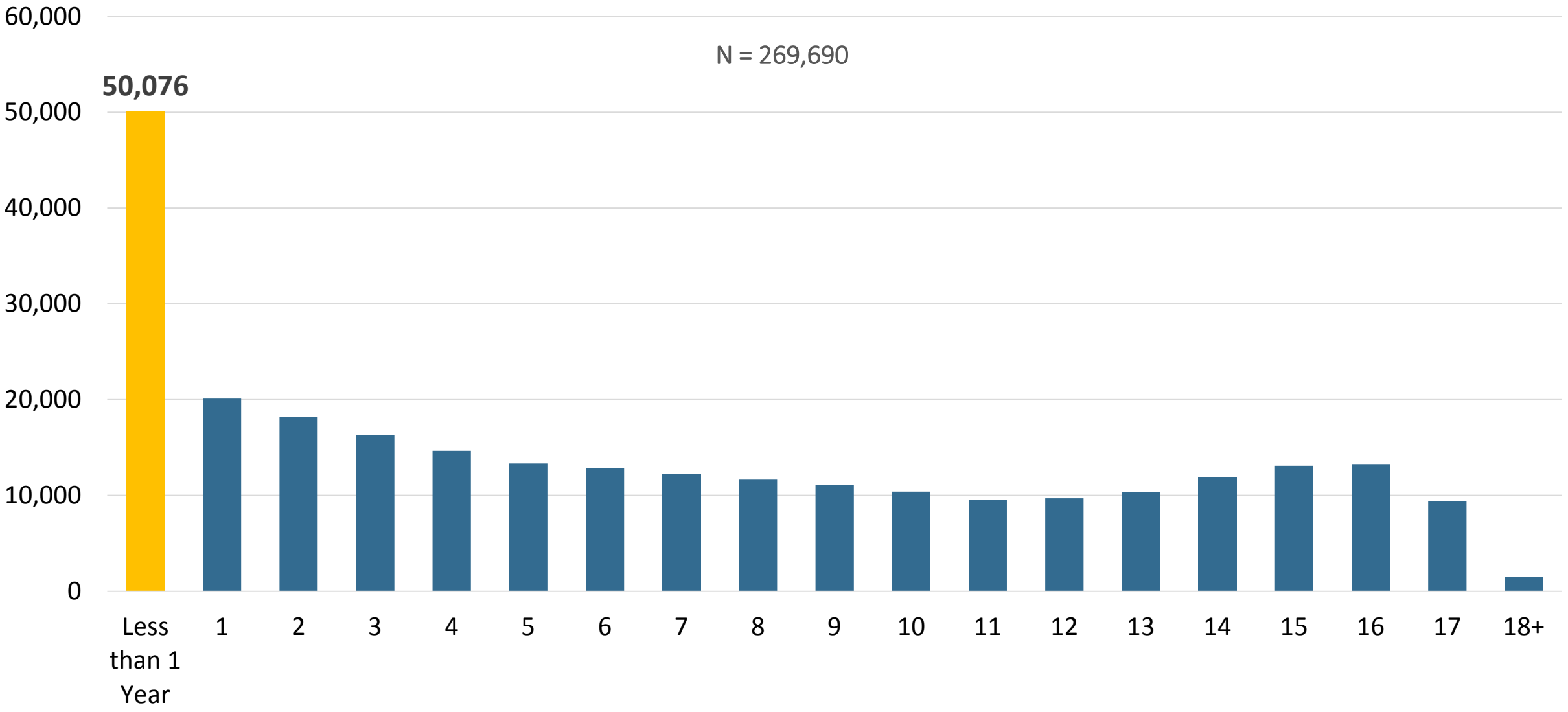
Number of Children in Out-of-Home Care at End of Fiscal Year in the United States, 2000 to 2017



*Note: Estimates based on **children in foster care** as of September 30*

Source: AFCARS Data, 2017

Number of Children who Entered Foster Care, by Age at Removal in the United States, 2017



*Note: Estimates based on **children who entered out of home care** during Fiscal Year*

Source: AFCARS Data, 2017

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:

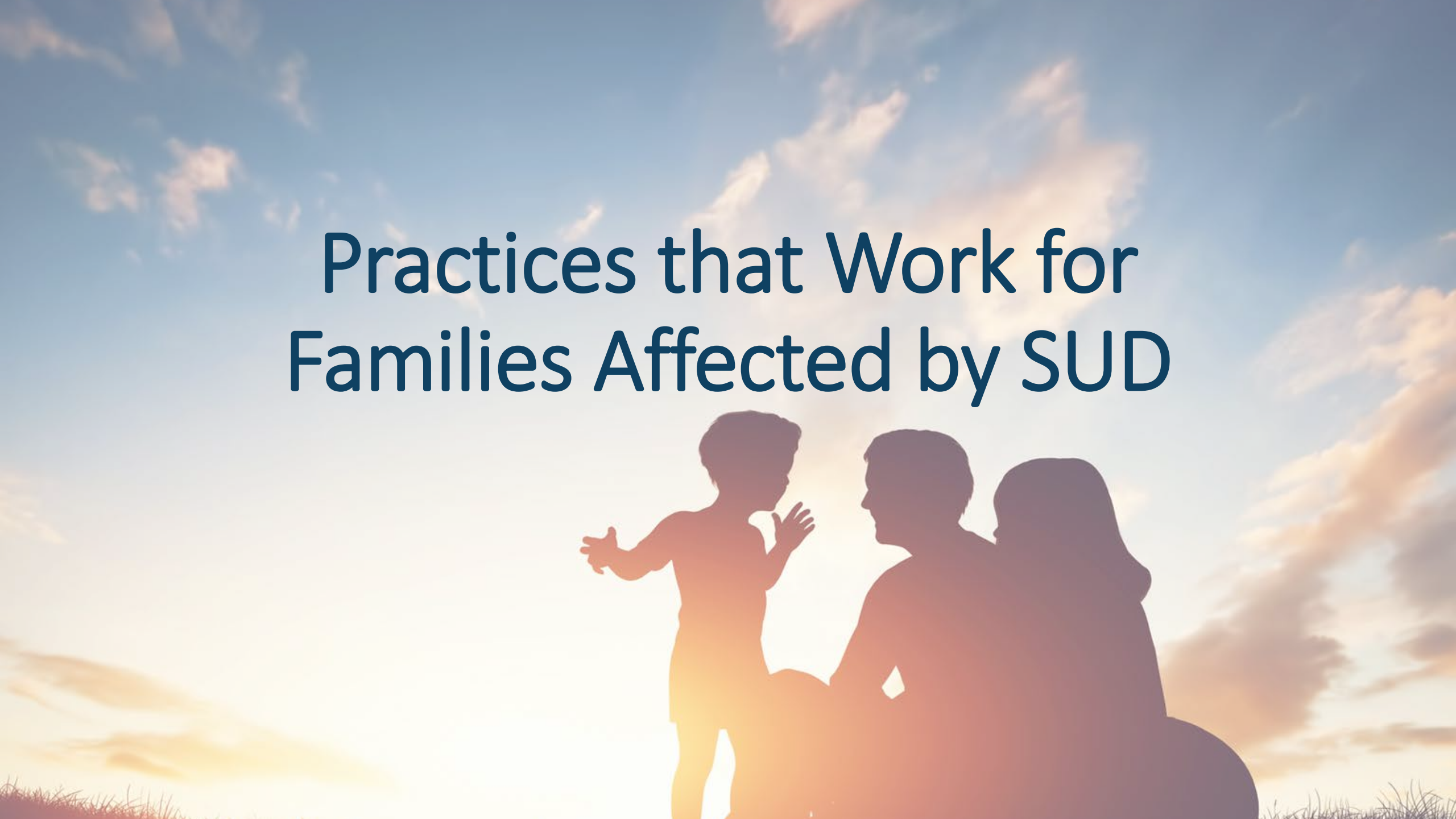
1. A relative is caring for the child,
2. There is a *compelling reason* that termination would not be in the best interests of the child,* or
3. The state has not provided the family the needed services within the required deadlines.

*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

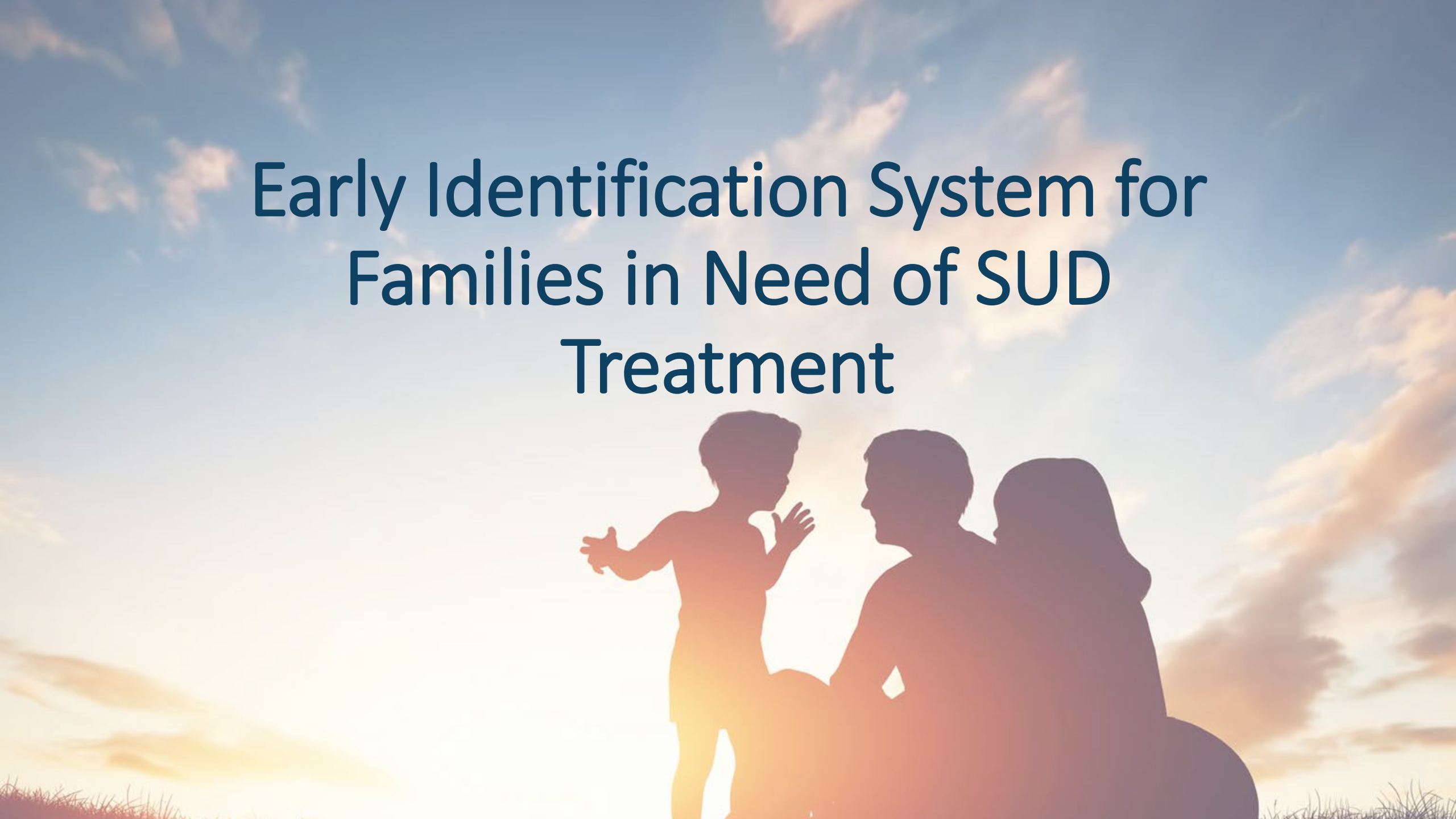
Practices that Work for Families Affected by SUD



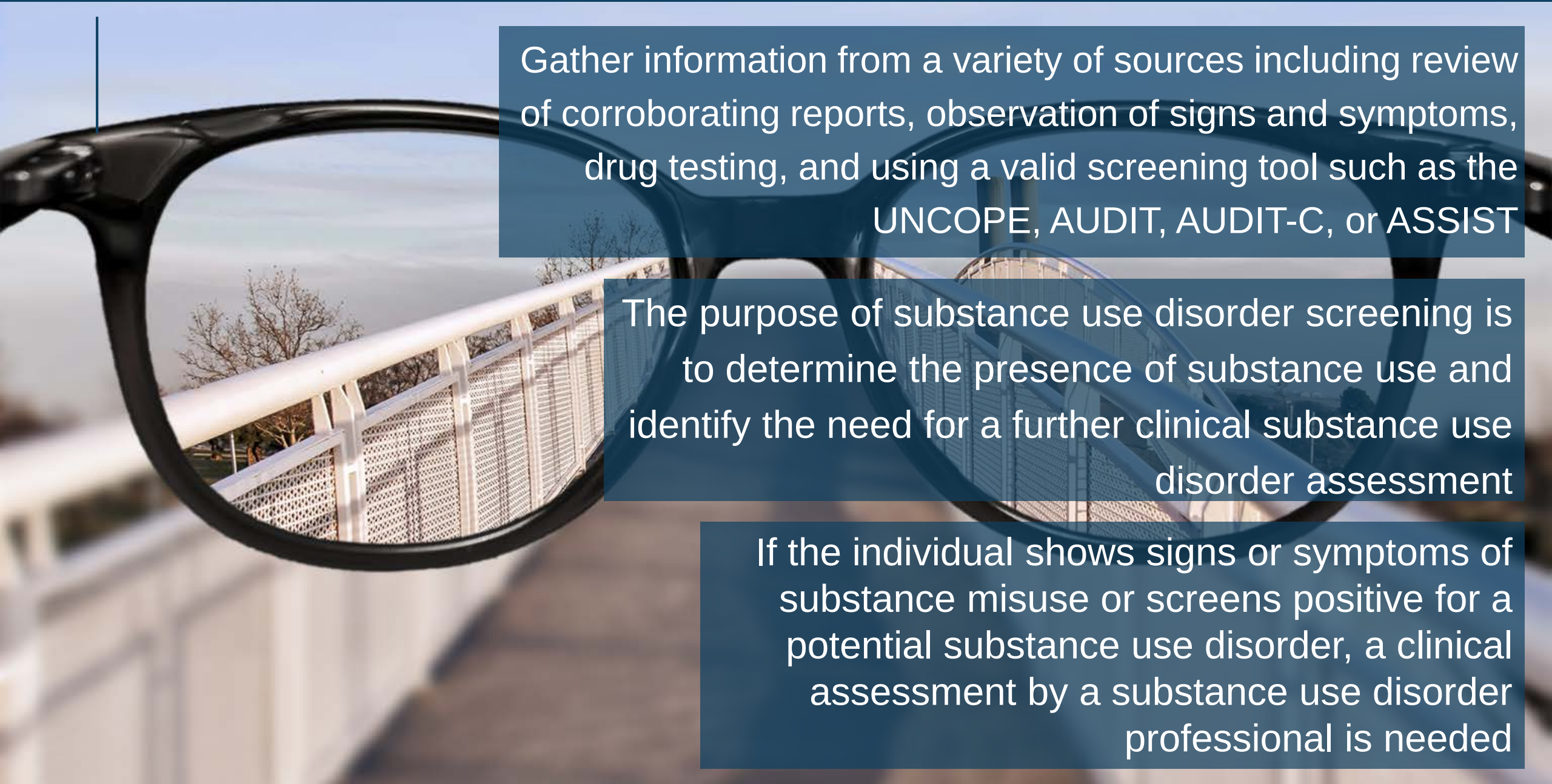
Practices that Work for Families Affected by SUD

- Early Identification System for Families in Need of SUD Treatment
- Timely Access to Assessment and Treatment Services
- Increased Management of Recovery Services and Compliance with Treatment
- Family-Centered Treatment Services and Parent-Child Relationships
- Collaboration
- Systematic Responses for Participants

Early Identification System for Families in Need of SUD Treatment



Universal Screening



Gather information from a variety of sources including review of corroborating reports, observation of signs and symptoms, drug testing, and using a valid screening tool such as the UNCOPE, AUDIT, AUDIT-C, or ASSIST

The purpose of substance use disorder screening is to determine the presence of substance use and identify the need for a further clinical substance use disorder assessment

If the individual shows signs or symptoms of substance misuse or screens positive for a potential substance use disorder, a clinical assessment by a substance use disorder professional is needed

Barriers to Screening

Patient

Fear of discrimination, judgment, or CPS

Previous bad experience with health care provider

Don’t consider use problematic

Provider

“My patients don’t use drugs”

“I don’t have time”

“I won’t get paid”

“I don’t know what to do if they screen positive”

Timely Access to Assessment and Treatment Services

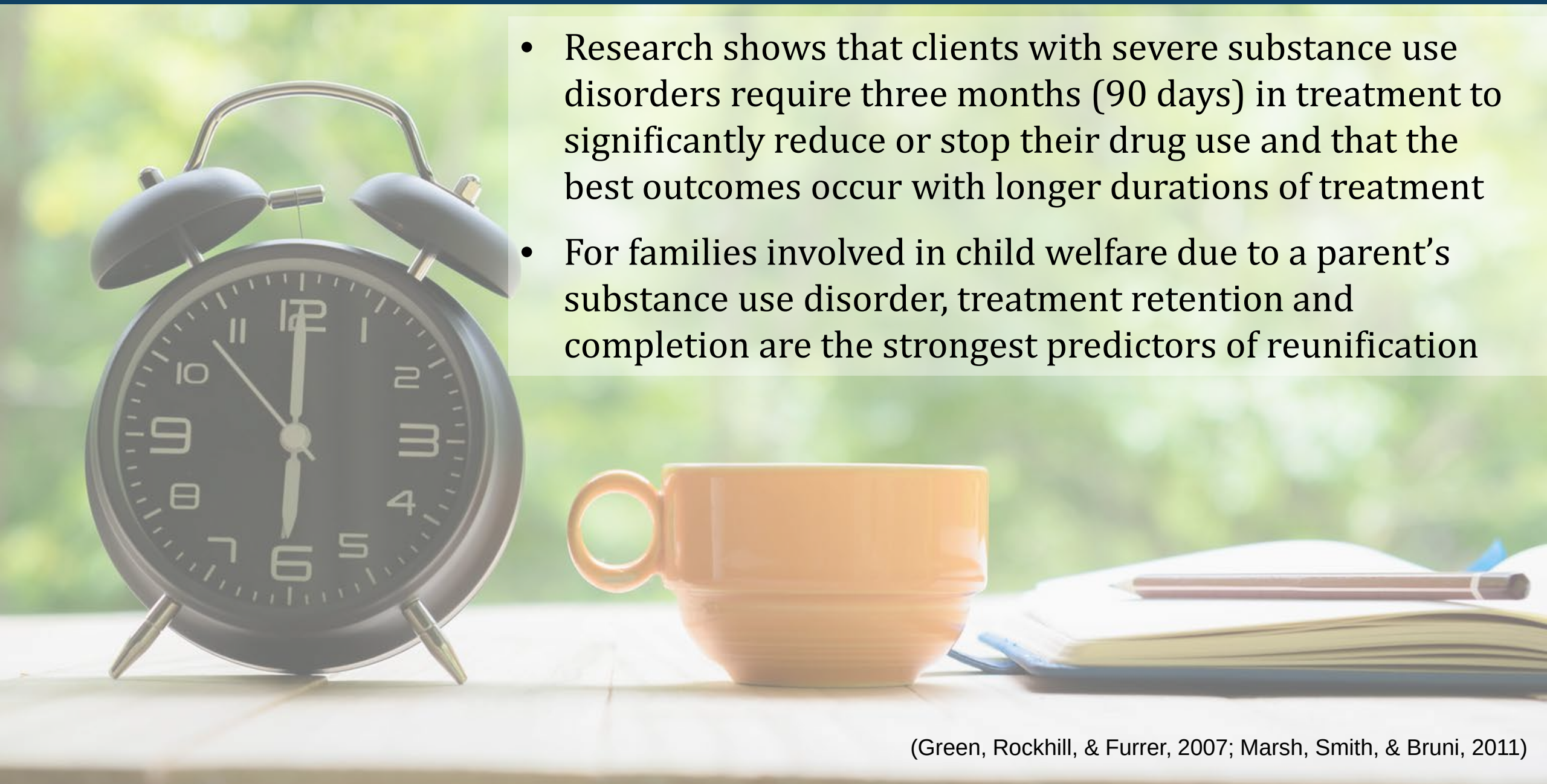
Time To & Time In Treatment Matters

In a longitudinal study of mothers (N=1,911)

Entered substance use disorder treatment faster after their children were placed in substitute care	→	Stayed in treatment longer
Completed at least one course of treatment	→	Significantly more likely to be reunified with their children

(Green, Rockhill & Furrer, 2007)

Length of Stay in Treatment – Why It Matters



- Research shows that clients with severe substance use disorders require three months (90 days) in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment
- For families involved in child welfare due to a parent's substance use disorder, treatment retention and completion are the strongest predictors of reunification

(Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2011)

Increased Management of Recovery Services and Compliance with Treatment

Peer Recovery Support Matters

A Randomized Control Trial of Recovery Coaches in Child Welfare
Cook County, IL (n=3440)

Comprehensive Screening & Assessment

Early Access to Treatment

Consistently High Reunification Rate

(Ryan et al., 2017)

Peer Recovery Support Matters

A Randomized Control Trial – Cook County, IL (n=3440)

Comprehensive Screening & Assessment + **Early Access to Treatment**

+ 

= **31% increase in reunification**

(Ryan et al., 2017)

Peer

Experiential Knowledge, Expertise

- Peer Mentor
- Peer Specialist
- Peer Providers
- Parent Partner

Recovery Specialist

Specialized Training + **Experiential Knowledge, Expertise**

- Recovery Support Specialist
- Substance Abuse Specialist
- Recovery Coach
- Recovery Specialist
- Parent Recovery Specialist

Functions

LIASON

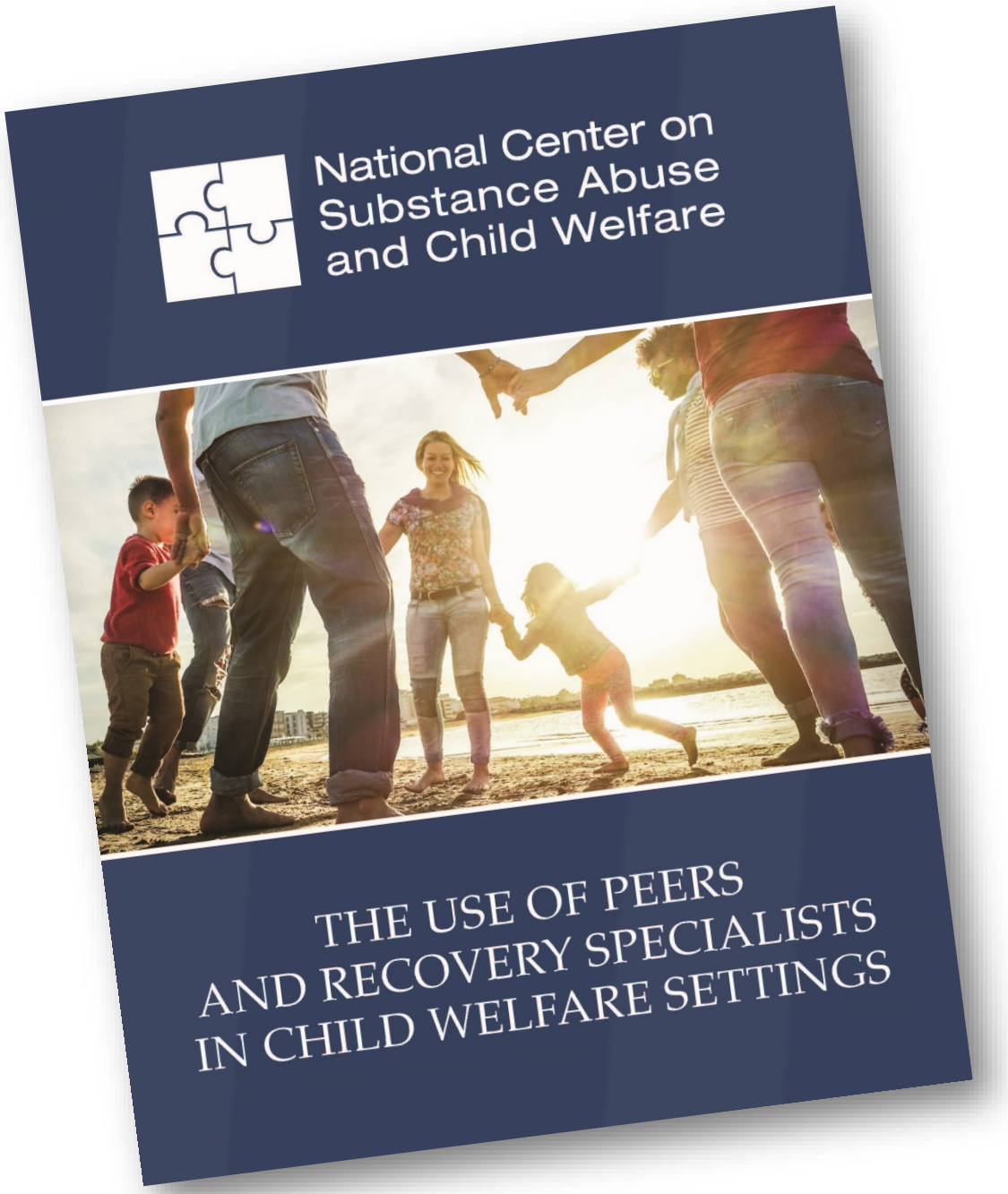
- Links participants to ancillary supports; identifies service gaps

TREATMENT BROKER

- Facilitates access to treatment by addressing barriers and identifies local resources
- Monitors participant progress and compliance
- Enters case data

ADVISOR

- Educates community; garners local support
- Communicates with FDC team, staff and service providers



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Aftercare and Ongoing Support

Ensure aftercare and recovery success beyond CWS participation:

- Personal Recovery Plan – relapse prevention, relapse
- Peer-to-peer support – alumni groups, recovery groups
- Other relationships – family, friends, caregivers, significant others
- Community-based support and services – basic needs (childcare, housing, transportation), mental health, physical health and medical care, spiritual support
- Self-sufficiency – employment, educational and training opportunities

Family-Centered Treatment Services and Parent-Child Relationships

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 prevention for the child

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

Paradigm Shifts

Adult Recovery

Family Recovery

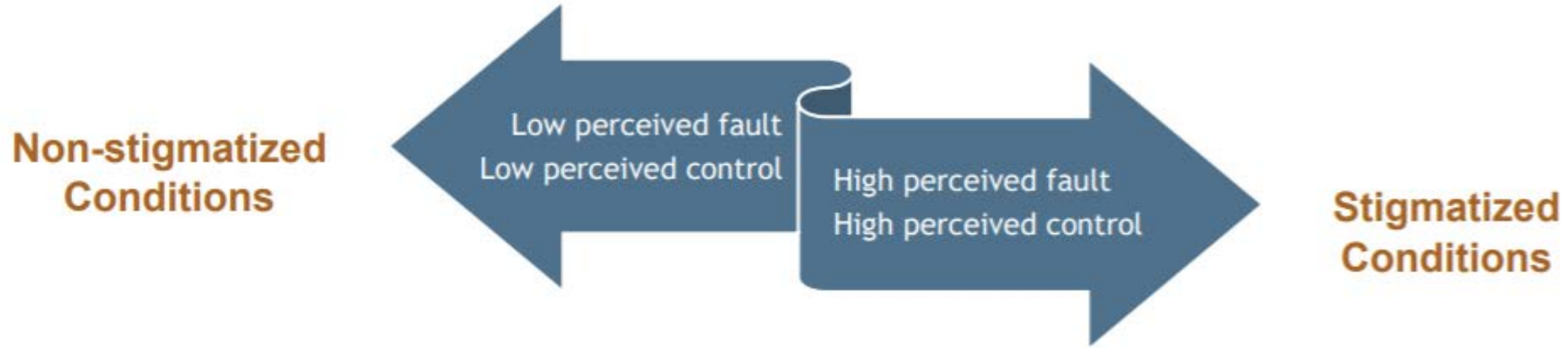
Defining parent progress and success:	From compliance and attendance to …	→	desired behavioral changes
Changing the language used:	From visitation to … From relapse to … From clean time to …	→	parenting time lapse sustained recovery
Responding to relapse or lapse:	From automatic change in permanency plan to …	→	comprehensive assessment of situation and therapeutic adjustments
Broadening scope of goals:	From a primary focus on rapid or early reunification to …	→	successful reunification with lasting permanency
Reframing decision making:	From a primary focus on risk factors (what could happen) to …	→	established safety supports and protective factors
Engaging participants:	From handing a list of service referrals to …	→	service referrals with a warm hand off
Redefining the client:	From individual parent participant to …	→	the whole family

(Adapted from: Children and Family Futures, 2017b)

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



(Substance Abuse and Mental Health Services Administration, 2017)

Stigma

Affects the attitudes of…

- Medical and healthcare professionals
- Social service agencies and workers
- Families and friends

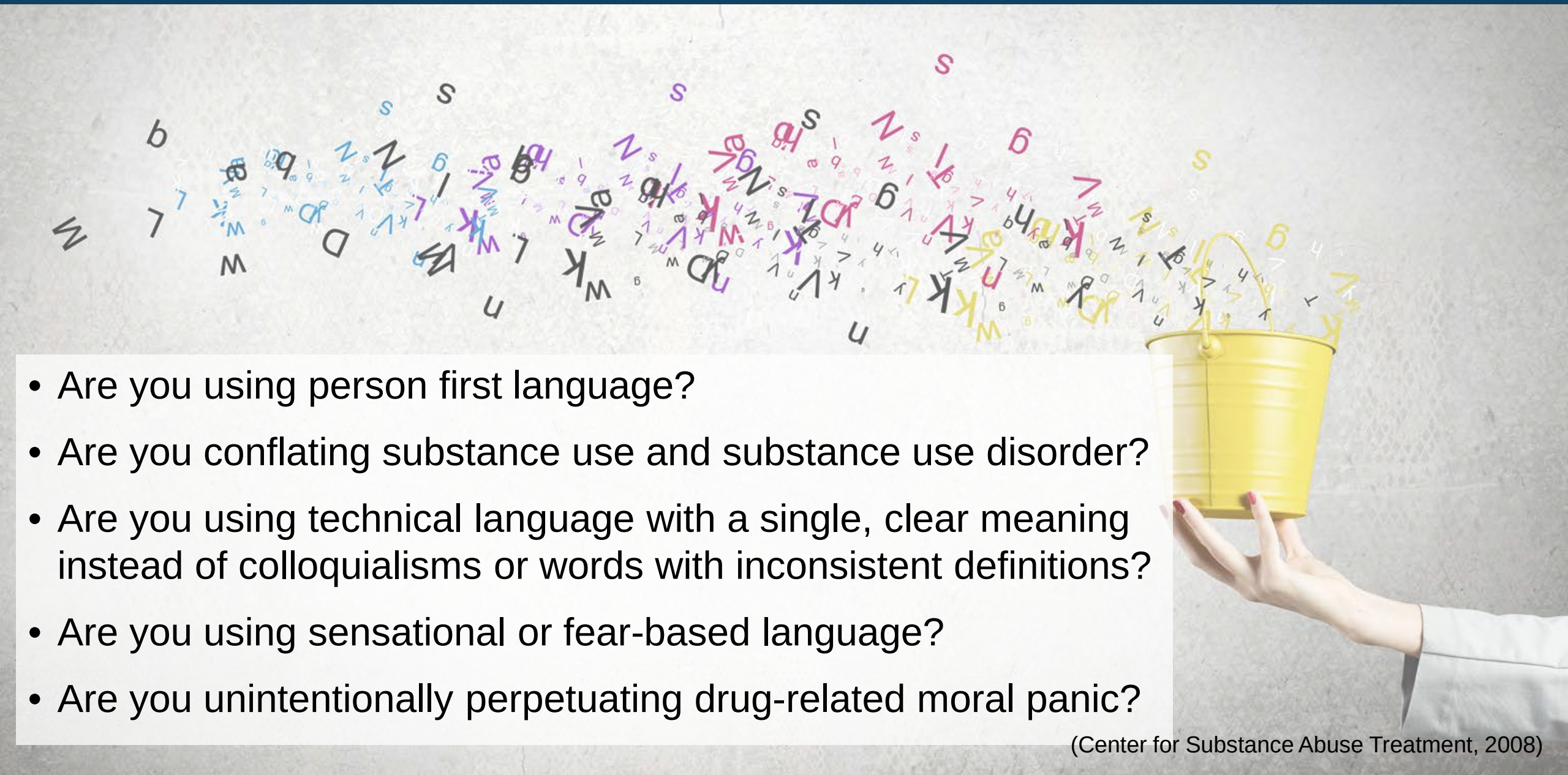
- Creates barriers to treatment, and access to programs
- Influences policies

(Center for Substance Abuse Treatment, 2008)

Stigma and Perceptions

- “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 conflating substance use and substance use disorder?
- Are you using technical language with a single, clear meaning instead of colloquialisms or words with inconsistent definitions?
- 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

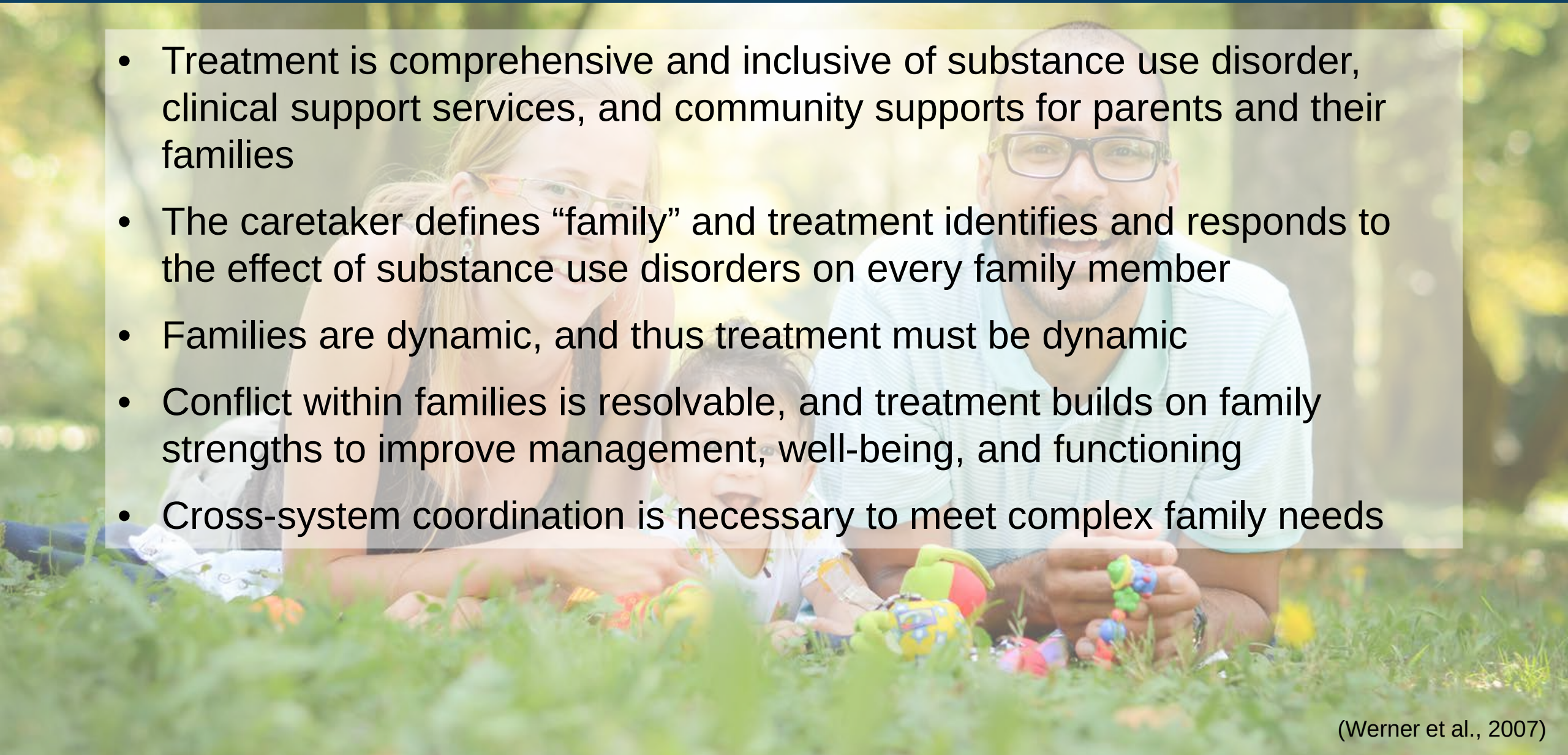
(White House Office of National Drug Control Policy, 2015)

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, 2012)

Principles of Family-Centered Treatment



- Treatment is comprehensive and inclusive of substance use disorder, 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)

Treatment That Supports Families

- Increases recovery from SUD
- Encourages retention in treatment
- Increases parenting skills and capacity
- Enhances child well-being

(Werner et al., 2007)

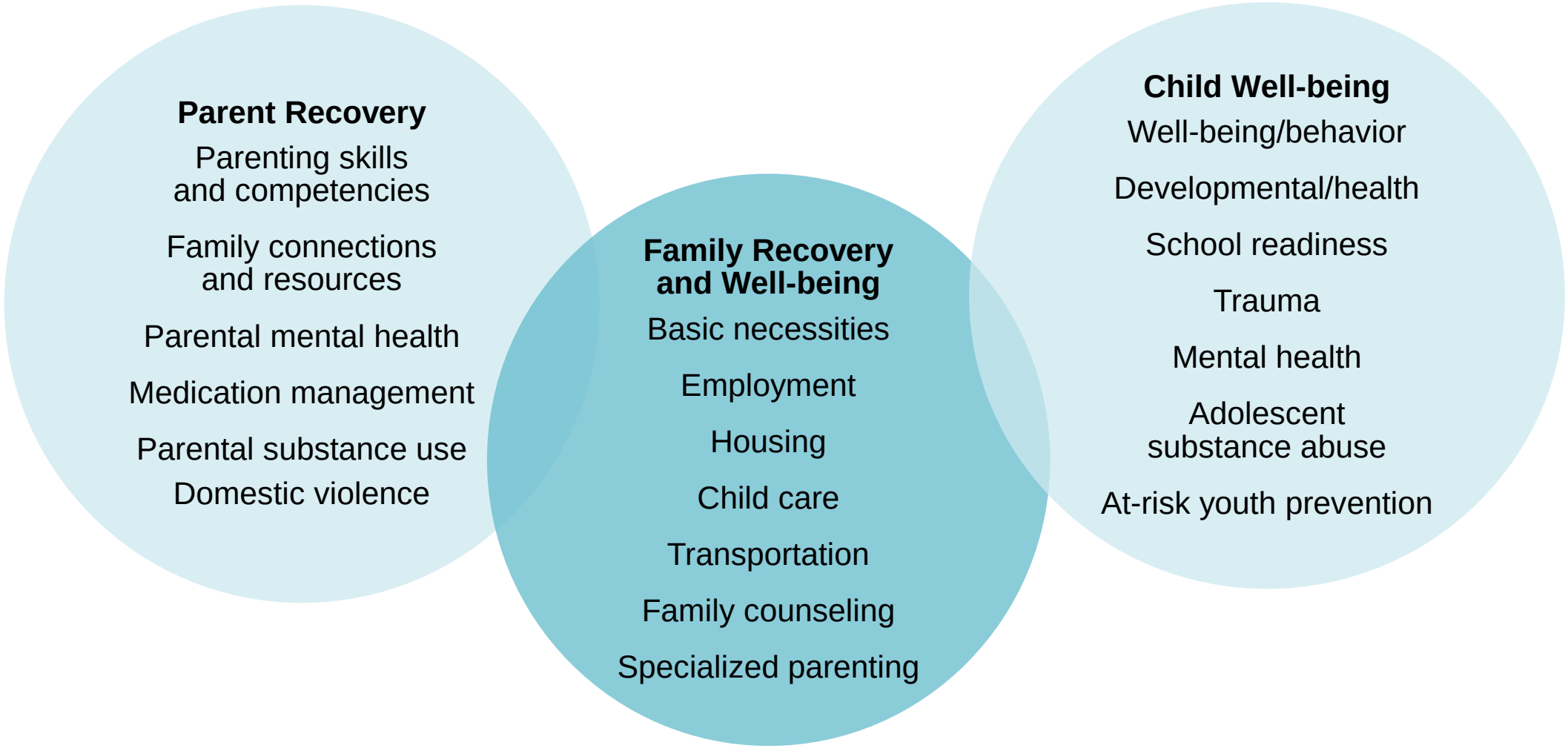
Benefits of Family-Centered Substance Use Disorder Treatment

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, 2010).

A Family Focus



(Werner et al., 2007)

Collaboration

Improving Communication:
No Single Agency Can Do This Alone

Improving the outcomes of children and families affected by parental substance use requires a coordinated response which draw from the talents and resources of AT LEAST these systems:

- Child Welfare
- Substance Use Treatment
- Courts
- Health Care

Better Together

(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, 2010)

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)

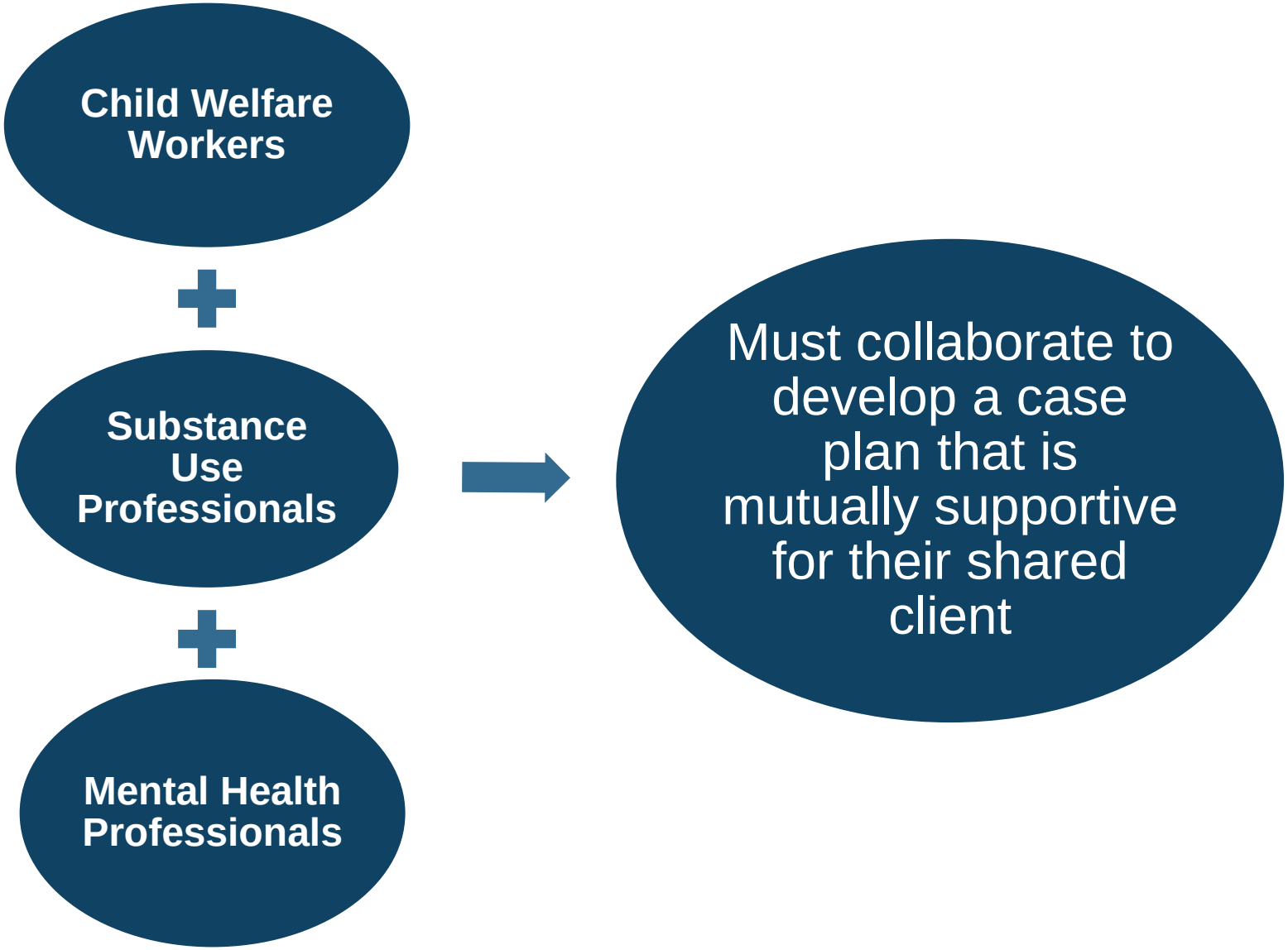
Collaboration Necessities

- **<u>Communication</u>:** People receiving treatment need information, and multiple helpers need to share information
- **<u>Coordination</u>:** Multiple efforts from helping professionals must be coordinated, to benefit everyone
- **<u>Consultation</u>:** Helpers with one kind of expertise need input and advice from helpers with other expertise

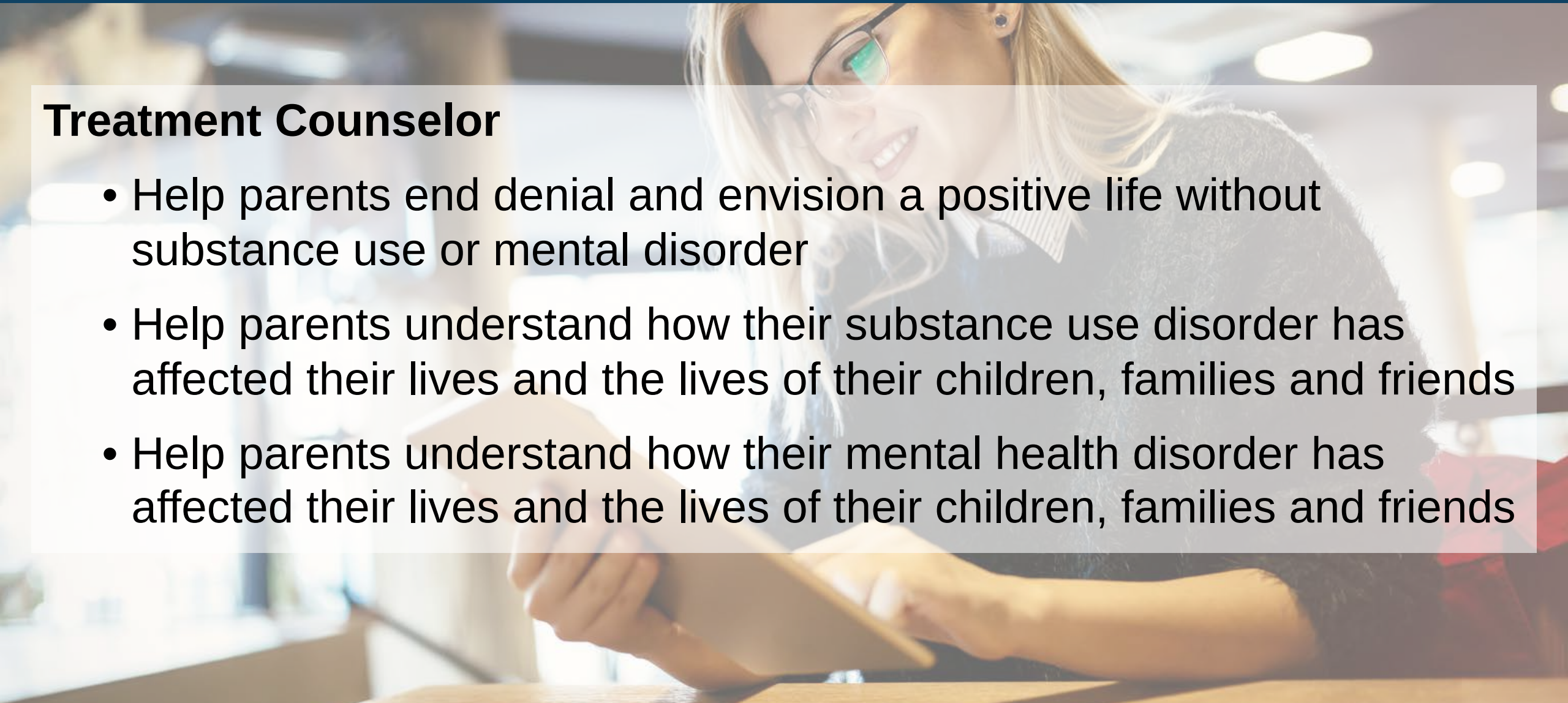
Service is more effective when professionals talk

(Center for Substance Abuse Treatment, 2005)

Collaboration



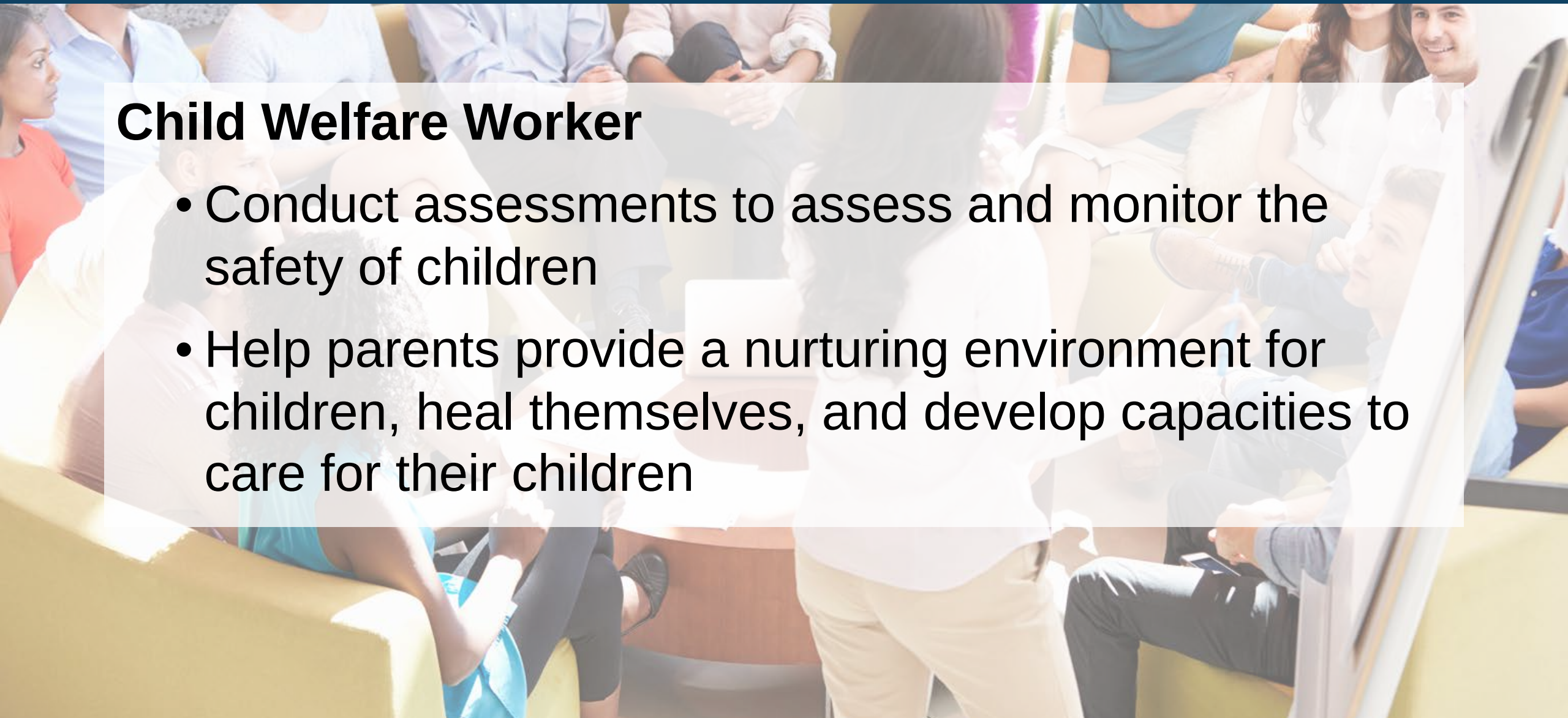
Working Together: Tasks for Counselors, Child Welfare Workers, and Judges



Treatment Counselor

- Help parents end denial and envision a positive life without substance use or mental disorder
- Help parents understand how their substance use disorder has affected their lives and the lives of their children, families and friends
- Help parents understand how their mental health disorder has affected their lives and the lives of their children, families and friends

Working Together: Tasks for Counselors, Child Welfare Workers, and Judges



Child Welfare Worker

- Conduct assessments to assess and monitor the safety of children
- Help parents provide a nurturing environment for children, heal themselves, and develop capacities to care for their children

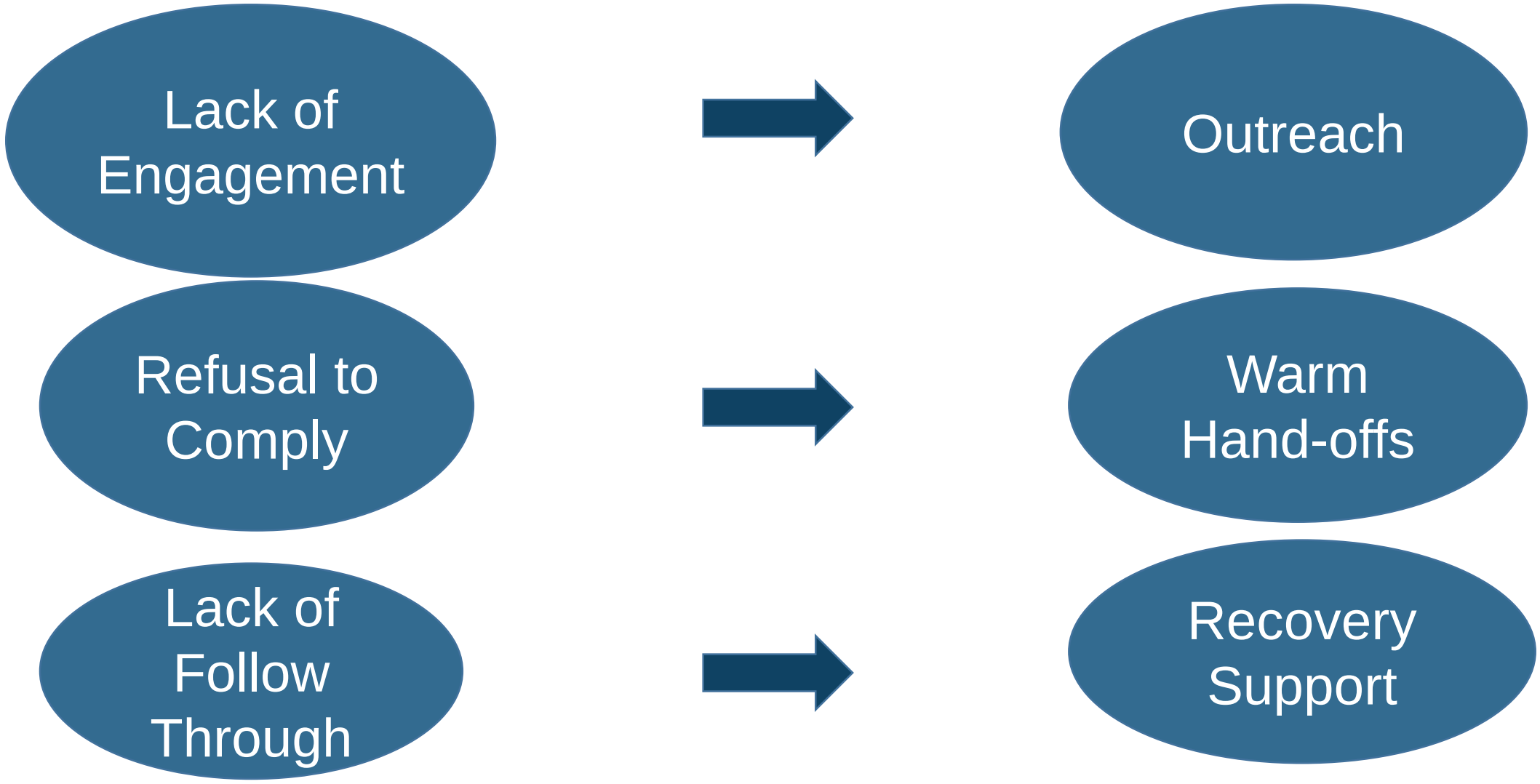
Working Together: Tasks for Counselors, Child Welfare Workers, and Judges

Dependency Court Judge and Staff

- Assess information and make decisions leading to permanency for children in the child welfare system
- Follow procedures and timetables specified in state and federal statutes (e.g., Adoption and Safe Families Act)
- Preside over hearings to see if the child welfare agency has made reasonable efforts to provide needed services to prevent removal and/or to achieve reunification

Systematic Responses for Participants

Behavior Interventions



Responses to Behavior for Parents

Safety

- A protective response if a parent's behavior puts themselves or the child at risk

Therapeutic

- A response designed to achieve a specific clinical result for parent in treatment

Motivational

- Designed to teach the parent how to engage in desirable behavior and achieve a stable lifestyle

Essential Elements of Responses to Behavior

SUD is a brain disorder

The longer time in treatment, the greater probability of a successful outcome

Purpose of responses is to keep participants engaged in treatment

Consider the impact to the child/family and the parent-child relationship

Avoid singular responses, which fail to account for other progress

Aim for "flexible certainty"

Shared Outcomes

When Systems Work Together

Recovery

Remain at home

Reunification

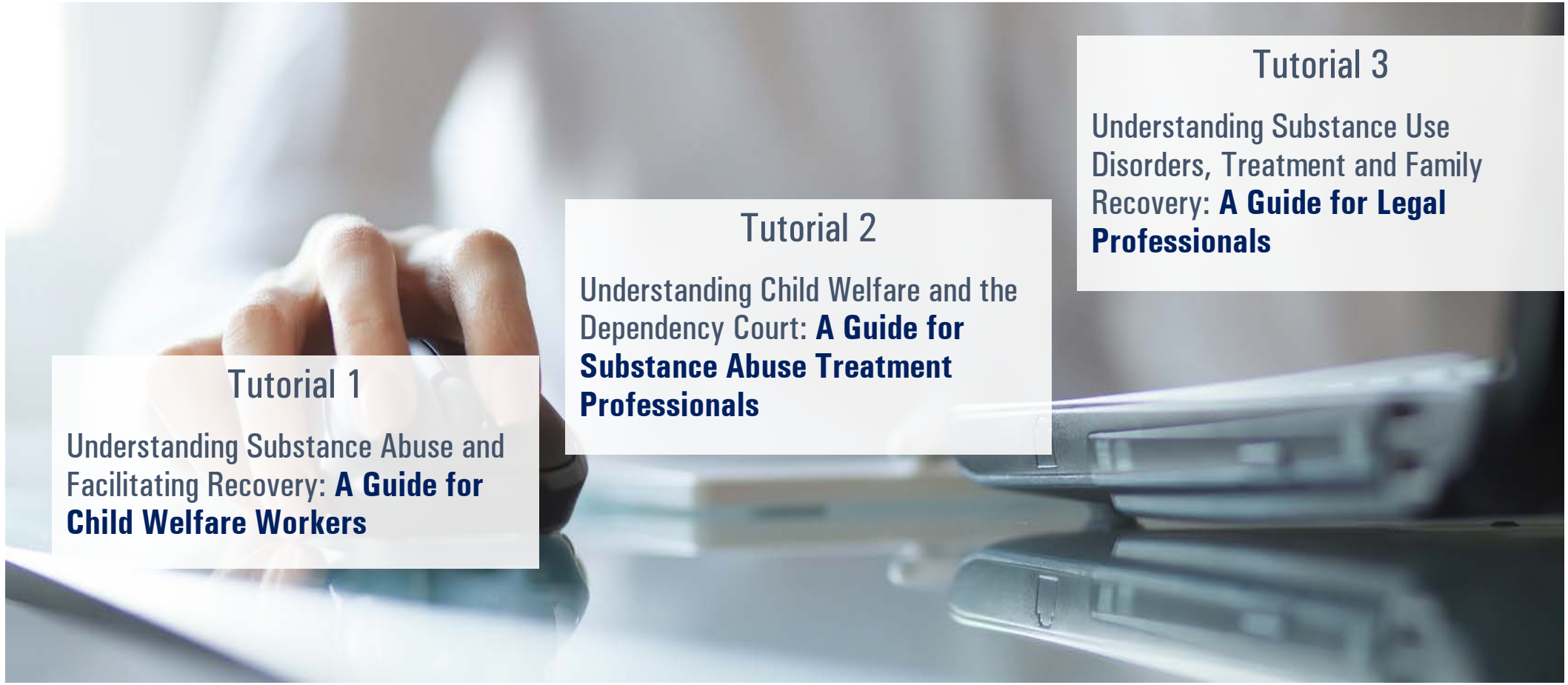
Repeat maltreatment

Re-entry

5Rs

Questions?

NCSACW Online Tutorials *Cross-Systems Learning*



Tutorial 1

Understanding Substance Abuse and Facilitating Recovery: **A Guide for Child Welfare Workers**

Tutorial 2

Understanding Child Welfare and the Dependency Court: **A Guide for Substance Abuse Treatment Professionals**

Tutorial 3

Understanding Substance Use Disorders, Treatment and Family Recovery: **A Guide for Legal Professionals**

https://www.ncsacw.samhsa.gov/

NCSACW Child Welfare Practice Tip Guides

Understanding Substance Use Disorders – What Child Welfare Staff Need to Know

National Center on Substance Abuse and Child Welfare

1 **Substance use disorders (SUDs) are complex, progressive, and treatable diseases of the brain that profoundly affect how people act, think, and feel.** SUDs affect an individual's social, emotional, and family life resulting in emotional, psychological, and sometimes physiological dependence.

2 **Be aware of common misperceptions and myths.** Many people incorrectly believe that a parent with a SUD can stop using alcohol and/or illicit drugs with will power alone or that if they loved their children they would be able to just stop using the drug.

3 **Relapse rates for SUDs are similar to other chronic medical conditions such as diabetes or hypertension.** Because SUDs are a chronic brain disease, a return to use or relapse, especially in early recovery, is possible. Therefore, SUDs should be treated like any other chronic illness. A recurrence or return to use is an opportunity to examine a parent's current treatment and recovery support needs, and adjust them as needed.

4 **SUDs can be successfully treated and managed.** Like other diseases, SUDs can be effectively treated. Successful substance use treatment is individualized and generally includes psycho-social therapies, recovery supports, and when clinically indicated, medications.

5 **SUDs can affect each member of the family, relationships, and parenting.** SUDs can contribute to a chaotic and unpredictable home life, inconsistent parenting and lack of appropriate care for children. Treatment and recovery support must extend beyond solely focusing on the parent's substance use to a more family-centered approach that addresses the needs of each affected family member.

6 **Recognize co-occurrence of trauma.** For many people, trauma is a common experience associated with their SUD. Substance use might be an individual's way to cope with their trauma experience. Good practice integrates a trauma-informed approach that realizes the widespread impact of trauma, recognizes the signs and symptoms, and avoids causing further harm and re-traumatization.

Understanding Screening and Assessment of Substance Use Disorders – Child Welfare Practice Tips

National Center on Substance Abuse and Child Welfare

1 **Know what to look for.** When conducting child welfare assessments, know that specific drugs have specific physiological effects. Common signs in the home environment, and symptoms of substance use or misuse, may include:

Personal Appearance	*Behavioral Signs*	*Physical Environment*
• Slurred speech • Nodding off • Disorientation • Tremors • Cold or sweaty palms • Dilated or constricted pupils • Blood shot or glazed over eyes • Needle marks • Bruises • Poor personal hygiene	• Agitated behavior or mood • Excessive talking • Paranoia • Depression • Manic behavior • Lack of motivation • Criminal activity • Financial challenges • Missed appointments	• Signs of drug paraphernalia (such as straws, rolling papers, razor blades, small mirrors, glass pipes, aluminum foil, lighters, needles, syringes, tourniquets, belts, shoelaces, spoons) • Unusual smells • Reluctance to allow home visits • Unexplained visitors in and out of home

2 **Screen all families for substance use.** The purpose of SUD screening is to determine the presence of substance use and identify the need for a further clinical SUD assessment. Gather information from a variety of sources including review of corroborating reports, observation of signs and symptoms, drug testing, and using a valid screening tool such as the AUDIT, AUDIT-C, or ASSIST. The UNCOPE is another valid screening tool that asks the following six questions:

- **U** - Have you continued to use alcohol or drugs longer than you intended?
- **N** - Have you ever neglected some of your usual responsibilities because of your alcohol or drug use?
- **C** - Have you ever wanted to cut down or stop using alcohol or drugs but could not?
- **O** - Has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?
- **P** - Have you ever found yourself preoccupied with wanting to use alcohol or drugs?
- **E** - Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger, or boredom?

Source: Norman G. Hoffmann, Ph.D., Evince Clinical Assessments. For more information about the UNCOPE tool and scoring, please visit: www.evinceassessment.com/ UNCOPE_for_web.pdf

Understanding Engagement of Families Affected by Substance Use Disorders – Child Welfare Practice Tips

National Center on Substance Abuse and Child Welfare

1 **Engage in non-judgmental conversation.** Parents may feel overwhelming shame and guilt about how their substance use affects their children. Engage the parent about observations or concerns using an approach that is supportive and not stigmatizing or judgmental. Use "person first" language and avoid using labeling terms such as "addict" Use a conversational approach with open-ended questions such as the following:

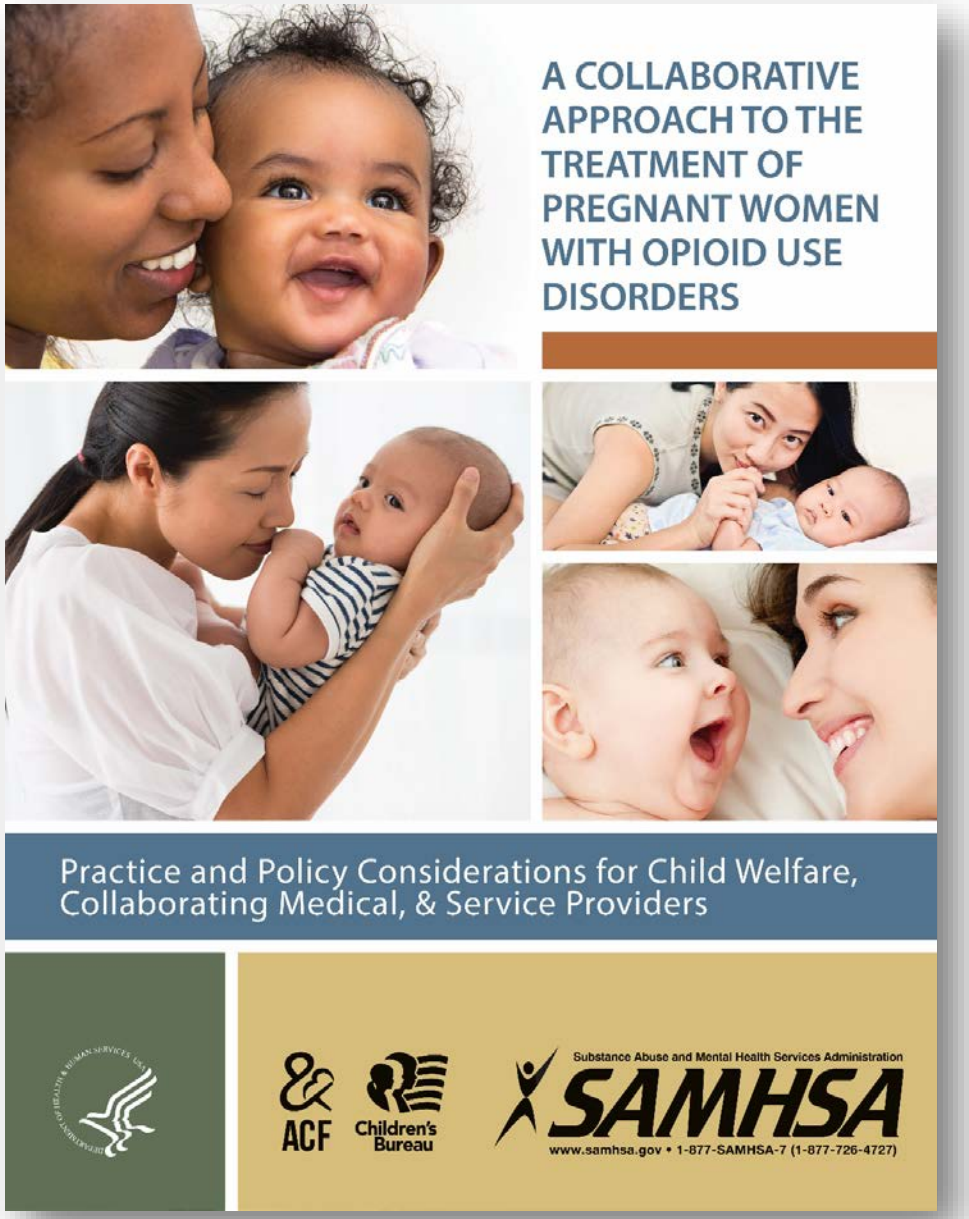
- "Tell me more about . . ."
- "As part of our work with families, we ask all families about . . ."
- "I'm noticing that . . ."
- "How can I help you with . . ."
- "I'm concerned about you because . . ."

2 **Provide active support in early recovery.** SUDs may affect cognitive functions (e.g. memory) and result in behavior that is often perceived as "resistant" Examples include lack of follow-through with services and missed appointments. Provide active support to help engage parents attend SUD treatment, court, visitation, and parent strengthening programs. Assist the parent make and keep appointments by marking their calendar/schedule providing reminders and incentives. Identify barriers for making an appointment - such as competing service priorities or lack of transportation - and work together to formulate solutions.

3 **Link to peer or recovery support.** Recovery support services help people enter into and navigate systems of care, remove barriers to recovery, and stay engaged in the recovery process. Peer or recovery support roles are often persons with lived experience of recovery from substance use disorders and child welfare involvement, or by professionally trained recovery specialists. Refer to these types of programs to address barriers in engaging parents and to facilitate receipt of treatment services.

4 **Support the children.** Help children develop an understanding of SUDs that is supportive and non-judgmental. Convey information about their parents' substance misuse in a way that defines the disorder, not the person, and is appropriate to their developmental stage and age. Child welfare workers can use these talking points to help guide supportive discussions:

- "Substance use disorders are a disease. Your parent is not a bad person. He/she has a disease. Parents may do things you don't understand when they drink too much or use drugs, but this doesn't mean that they don't love you".
- "You are not the reason your parent drinks or uses drugs. You did not cause this disease. You cannot stop your parent's drinking or drug use".
- "There are a lot of children in a similar situation. In fact, there are millions of children whose parents struggle with drugs or alcohol. Some are in your school. You are not alone".
- "Let's think of people who you might talk with about your concerns. You don't have to feel scared or ashamed or embarrassed. You can talk to your teacher, a close friend, or family member you trust".



https://www.ncsacw.samhsa.gov/files/Collaborative_Approach_508.pdf

Purpose: Support the efforts of states, tribes and local communities in addressing the needs of pregnant women with opioid use disorders and their infants and families

Audience

- Child Welfare
- Substance Use Treatment
- Medication Assisted Treatment Providers
- OB/GYN
- Pediatricians
- Neonatologists

National Workgroup

- 40 professionals across disciplines
- Provided promising and best practices; input and feedback over 24 months

Includes

- A Guide for Collaborative Planning
- Facilitator's Guide
- Cross-Systems and System Specific Guides
- CHARM Collaborative Case Study

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National Center on Substance Abuse and Child Welfare

Contact the NCSACW TTA Program

National Center on Substance Abuse and Child Welfare

- Connect you with programs that are developing tools and implementing practices and protocols to support their powerful collaborative
- Training and technical assistance to support collaboration and systems change

Contact us @ *ncsacw@cffutures.org*

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