



National Center on
Substance Abuse
and Child Welfare

Module 2:

Understanding Substance Use Disorders,
Treatment, and Recovery

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Introduction

The National Center on Substance Abuse and Child Welfare (NCSACW) developed the Child Welfare Training Toolkit to educate child welfare workers about substance use and co-occurring disorders among families involved in the child welfare system. The training is intended to provide foundational knowledge to help child welfare workers:

1. Understand substance use and co-occurring disorders.
2. Identify when substance use is a factor in a child welfare case.
3. Learn strategies for engaging parents and families in services.
4. Understand potential effects for the parent, children, and caregivers.
5. Learn the importance of collaboration within a system of care. Through a deeper understanding of these topics, child welfare workers can apply knowledge gained to their casework and improve their own practice.

The Training Toolkit consists of 10 modules—7 core and 3 special topics training modules:

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

Module 2: Understanding Substance Use Disorders, Treatment, and Recovery

Module 3: Understanding Co-Occurring Substance Use Disorders, Mental Health/Trauma, and Domestic Violence

Module 4: Engagement and Intervention with Parents Affected by Substance Use Disorders and Mental Health/Trauma

Module 5: Case Planning, Family Strengthening, and Planning for Safety for Families with a Substance Use Disorder

Module 6: Understanding the Needs of Children of Parents with Substance Use or Co-Occurring Disorders

Module 7: Collaborating to Serve Parents with Substance Use Disorders

Special Topic: Considerations for Families in the Child Welfare System Affected by Methamphetamine

Special Topic: Considerations for Families in the Child Welfare System Affected by Opioids

Special Topic: Understanding Prenatal Substance Exposure and Child Welfare Implications

The entire Training Toolkit can be delivered in a series, or each module can be delivered individually as a stand-alone training. Each module is approximately 2 hours in length and contains a range of materials that can be adapted to meet the needs of

child welfare trainers for in-person workshops or more formal training sessions. This flexibility allows the facilitator to determine the best format and timing for the training, according to the needs of the agency and staff. The special topics, in particular, lend themselves to brown-bag or lunchtime trainings.

Each module includes a Facilitator's Guide with training goals and learning objectives, a PowerPoint presentation, resources, and references. The PowerPoint presentation contains talking points and key details in the notes section of the slides. These talking points are not intended to serve as a script to read aloud to attendees, but rather as key points to highlight while presenting. Facilitators are encouraged to infuse their own content knowledge, expertise, and real-world experience to bring the training to life. NCSACW integrated discussion questions and experiential activities throughout the training sessions.

The Facilitator's Guide includes a list of resources where facilitators and participants can find additional information on related topics. Facilitators can customize content to include state or local child welfare practice information and terminology where appropriate.

NCSACW provides a free online tutorial, [*Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals*](#), which is a self-guided online training that complements the content of this Training Toolkit. Toolkit facilitators may encourage the training participants to complete the online tutorial to augment their knowledge. The online tutorial is approved for 4.5 Continuing Education Units.

Intended Audience

The Training Toolkit contains information considered foundational for child welfare practice. The content is general enough for all child welfare workers, but it should be tailored to the audience's experience and role in child welfare practice (such as investigations, in-home services, or ongoing case management) to enrich the learning opportunity.

Facilitator Qualifications

Facilitators should be knowledgeable about substance use disorders, mental health, and child welfare systems. They should be familiar with the laws and policies that affect child welfare agency decision-making to ensure that the information is presented in the proper context. If the facilitator does not have specific knowledge in substance use disorders or mental health, he or she should partner with local substance use and mental health treatment agencies for support.

Terminology

Field-specific terms are used during the course of this training. To understand the purpose and intended meanings of these terms, please review the Trainer Glossary at <https://ncsacw.samhsa.gov/training/toolkit>. This glossary is also a useful resource for training participants.

Module 2 Description and Objectives

The goal of Training Module 2 is to educate child welfare workers about substance use, treatment, and recovery. The module informs child welfare workers about substances and their effects, the brain chemistry of addiction, and the continuum of substance use disorders (mild, moderate, and severe), explaining the signs and symptoms and their effects on children and families. This module provides an understanding of the treatment and recovery processes, and specifically how substance use disorders can affect family relationships and the dynamics of the families involved in the child welfare system. The information and learning opportunities are designed to support family-centered child welfare practice with families from diverse cultural groups.

After completing this training, child welfare workers will:

- Identify the types of substances and their effects, including methods of use.
- Outline the continuum of substance use disorders as mild, moderate, or severe.
- Understand the basic brain chemistry of substance use disorders.
- Recognize the signs and symptoms of substance misuse in the context of child welfare practice.
- Discuss substance use disorders in a cultural context.
- Identify treatment modalities and the continuum of care.
- Understand the recovery process, relapse prevention, and long-term recovery maintenance.

Training Tips

- ✓ Partner with a local expert on substance use disorders to cofacilitate the training.
- ✓ Use the *** **bolded** discussion questions integrated in the module talking points to enrich the training and further engage participants.
- ✓ Share specific screening tools for substance use disorders used or approved for use by the child welfare agency.
- ✓ Supplement content with information about how child welfare workers can locate treatment for parents in the community.
- ✓ Highlight local child welfare programs with expertise in serving families affected by substance use disorders or who provide family-centered treatment.
- ✓ Contact the National Center on Substance Abuse and Child Welfare for more information about using the Collaborative Values Inventory, a self-administered questionnaire that provides jurisdictions with an anonymous way of assessing the extent to which group members share ideas about the values that underlie their collaborative efforts, in your community.

Materials

- ✓ Computer and projector
- ✓ Speakers
- ✓ Internet access
- ✓ PowerPoint slides
- ✓ Facilitator's Guide
- ✓ Flip chart paper or white board (for use as a visual aid during discussion)

PowerPoint Presentation and Talking Points

Slide 1

Module 2: Understanding Substance Use Disorders, Treatment, and Recovery

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*



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

This toolkit was developed by the National Center on Substance Abuse and Child Welfare (NCSACW), an initiative of the Department of Health and Human Services jointly funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Administration on Children, Youth and Families (ACYF), Children's Bureau's Office on Child Abuse and Neglect (OCAN).

Learning Objectives


After completing this training, child welfare workers will:

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- Outline the continuum of substance use disorders as mild, moderate, or severe
- Understand the basic brain chemistry of substance use disorders
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- Discuss substance use disorders in a cultural context
- Identify treatment modalities and the continuum of care
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The goal of training Module 2 is to educate child welfare workers about substance use, treatment, and recovery. The module informs child welfare workers about substances and their effects, the brain chemistry of addiction, and the continuum of substance use disorders—mild, moderate, and severe—explaining the signs and symptoms and their effects on children and families. This module provides an understanding of the treatment and recovery processes, and specifically how substance use disorders can affect family relationships and dynamics of the families involved in the child welfare system. The information and learning opportunities are designed to support family-centered child welfare practice with families from diverse cultural groups.

Slide 4

Collaborative Values Inventory



- In different circumstances, any person could be a parent with a substance use disorder
- A person with a substance use disorder should not be held accountable for his or her negative behavior
- If parents with substance use disorders had enough willpower, they would not need substance use disorder treatment
- The stigma associated with substance use disorders prevents parents from seeking treatment

(Children and Family Futures, 2017)

Differences in values among participants are important to recognize because they may come up in the training and with the families participants are working with. These questions can be asked at the beginning of the training to help understand the different values and perspectives participants bring to the training. Have a brief discussion with participants on how their individual values can affect their work with families.

*****Review the slide questions from *The Collaborative Values Inventory*, a validated tool that assesses how much a group shares beliefs and values that underlie its work. Participants can share their experiences or keep their answers private. Discussion should be limited to understanding value clarification, instead of debating individual answers to questions. Participants will fall along a continuum.**

Individual Factors That Increase Risk for Substance Use or Misuse

- Developmental
- Environmental
- Social
- Genetic
- Co-occurring mental disorders

(U.S. Department of Health and Human Services, 2016)

Now we are going to discuss what factors increase risk for a substance use disorder.

Not everyone who uses substances will develop a substance use disorder.

There are developmental, environmental, social, and genetic factors that affect whether and how a person develops a substance use disorder.

Every person has unique combinations of risk and protective factors, which form a complex interplay that will affect the probability that that person will use or misuse substances.

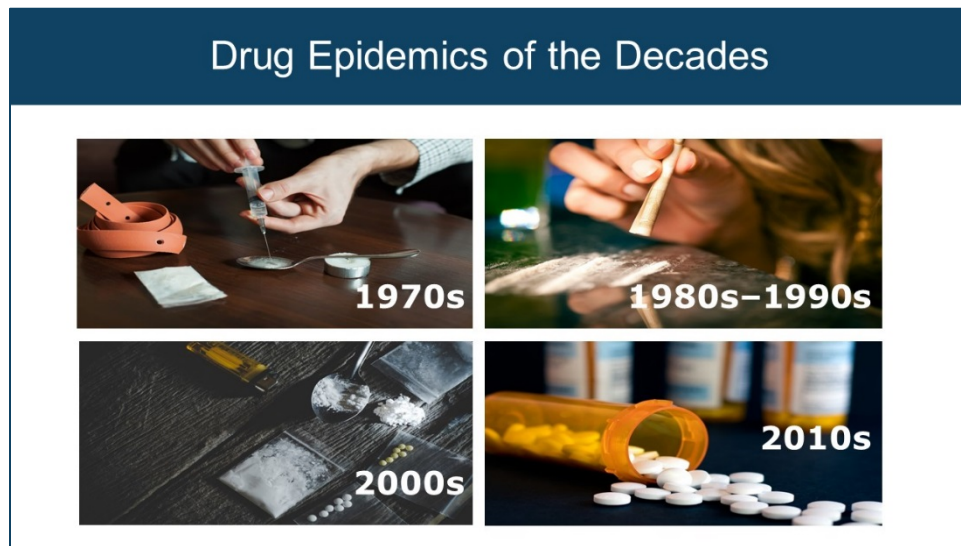
Early childhood experiences can increase the risk of developing a substance use disorder. A range of experiences include physical, emotional, and sexual abuse; neglect; household instability such as parental substance use; mental disorders or incarceration; and poverty. Initiation of substance use in adolescence also leads to an increased risk of later development of a substance use disorder.

Substance use and mental disorders often co-occur. For example, there is a high prevalence of alcohol use disorders among people with a diagnosis of post-traumatic stress disorder (PTSD).

There are a number of theories about why substance use and mental disorders co-occur:

- People with mental disorders may use substances to help cope with the symptoms of their disorder.
- Substance use disorders may also lead to mental disorders by changing the way the brain functions.
- People who are at higher risk of developing a substance use disorder may also be at an increased risk of developing a mental disorder, based on genetic factors or life experiences, and vice versa.

Slide 6



Families and child welfare agencies have been affected by multiple drug epidemics over the past several decades—cocaine in the late 1980s, methamphetamine in the early 2000s, and now opioids.

Although drug epidemics may shift over time, the child welfare system continues to see families affected by substance use disorders.

Drug Classifications	
Stimulants	Medications that increase alertness, attention, energy, blood pressure, heart rate, and breathing rate • Short-term effects: Increased alertness, attention, energy; increased blood pressure and heart rate • Long-term effects: Heart problems, psychosis, anger, paranoia
Central Nervous System Depressants	Medications that slow brain activity, which makes them useful for treating anxiety and sleep problems • Short-term effects: Drowsiness, slurred speech, poor concentration, confusion, dizziness, problems with movement and memory, lowered blood pressure, slowed breathing. • Long-term effects: Unknown
Hallucinogens	Substances that distort the perception of reality • Short-term effects: increased heart rate, nausea, intensified feelings and sensory experiences, changes in sense of time • Long-term effects: speech problems, memory loss, weight loss, anxiety, depression and suicidal thoughts

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

Stimulants

- Examples of stimulants are dextroamphetamine (Dexedrine, Dextrostat, ProCentra), lisdexamfetamine (Vyvanse), methylphenidate (Concerta, Daytrana, Methylin, Ritalin), and the combination of amphetamine and dextroamphetamine (Adderall).
- High doses: dangerously high body temperature and irregular heartbeat; heart disease; seizures.

Central Nervous System Depressants

- Examples include alcohol, Valium, Xanax, Librium, and barbiturates.

Hallucinogens

- Examples of hallucinogens include ketamine, LSD, peyote, PCP, psilocybin, salvia, DMT, and ayahuasca.
- Hallucinogens cause hallucinations. Their effects can last anywhere from 6 to 12 hours.

Slide 8

Common Drugs

Alcohol	<p>A depressant, which means it slows the function of the central nervous system</p> <ul style="list-style-type: none">• Short-term effects: Reduced inhibitions, slurred speech, motor impairment, confusion, memory problems, concentration problems• Long-term effects: development of an alcohol use disorder, health problems, increased risk for certain cancers
Cocaine	<p>A powerfully addictive stimulant drug made from the leaves of the coca plant native to South America</p> <ul style="list-style-type: none">• Short-term effects: Narrowed blood vessels, enlarged pupils, increased body temperature, heart rate, and blood pressure, headache, abdominal pain and nausea, euphoria• Long-term effects: Loss of sense of smell, nosebleeds, nasal damage and trouble swallowing from snorting, infection and death of bowel tissue from decreased blood flow
Heroin	<p>An opioid drug made from morphine, a natural substance extracted from the seed pod of various opium poppy plants</p> <ul style="list-style-type: none">• Short-term effects: Euphoria, dry mouth, itching, nausea, vomiting, analgesia, slowed breathing and heart rate• Long-term effect: Collapsed veins, abscesses (swollen tissue with pus), infection of the lining and valves in the heart, constipation and stomach cramps, liver or kidney disease, pneumonia

(National Institute on Alcohol Abuse and Alcoholism; National Institute on Drug Abuse, 2018a)

Review these common drugs and their short- and long-term effects.

Common Drugs (cont'd)

Methamphetamine	<p>A stimulant drug chemically related to amphetamine but with stronger effects on the central nervous system</p> <ul style="list-style-type: none">• Short-term effects: Increased wakefulness and physical activity, decreased appetite, increased breathing, heart rate, blood pressure, temperature, irregular heartbeat• Long-term effects: Anxiety, confusion, insomnia, mood problems, violent behavior, paranoia, hallucinations, delusions, weight loss
Marijuana	<p>Made from the hemp plant, <i>Cannabis sativa</i>. The main psychoactive (mind-altering) chemical in marijuana is delta-9-tetrahydrocannabinol, or THC.</p> <ul style="list-style-type: none">• Short-term effects: Enhanced sensory perception and euphoria followed by drowsiness/relaxation; slowed reaction time; problems with balance and coordination• Long-term effects: Mental health problems, chronic cough, frequent respiratory infections
Opioids	<p>Pain relievers with an origin similar to that of heroin. Opioids can cause euphoria and are often used non-medically, leading to overdose deaths.</p> <ul style="list-style-type: none">• Short-term effects: Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death• Long-term effects: Increased risk of overdose or addiction if misused

(National Institute on Drug Abuse, 2018a)

Review these common drugs and their short- and long-term effects.


Methamphetamine

- Street names for the drug include "speed," "meth," and "crank."
- Methamphetamine is used in pill form or in powdered form by snorting or injecting. Crystallized methamphetamine known as "ice," "crystal," or "glass," is a smokable and more powerful form of the drug.

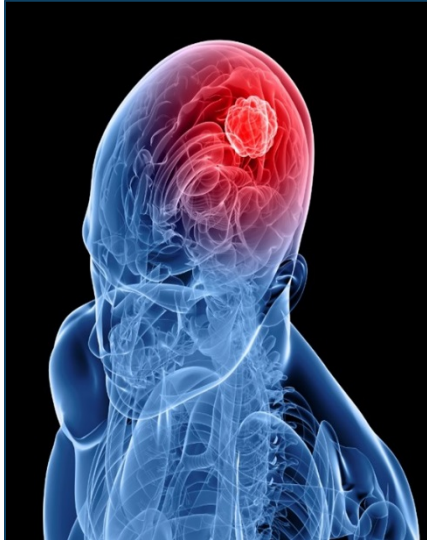
Marijuana

- Marijuana is the most widely used illicit drug in the United States and tends to be the first illegal drug teens use. It can be either smoked or swallowed.

Slide 10



The Brain Science
of Addiction



**American Society
of Addiction Medicine
(ASAM)**

“Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”

(American Society of Addiction Medicine, 2011)


Addiction is a chronic disease of the brain, not a moral failing or lack of willpower. Discuss how our understanding of addiction has changed over time thanks to scientific advancements.

American Society of Addiction Medicine (ASAM) Public Policy Statement: Short Definition of Addiction

Addiction is a primary, chronic disease of brain reward, motivation, memory, and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one’s behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

Drug Use and Addiction



Brain imaging studies show physical changes in areas of the brain when a drug is ingested that are critical to:

- Judgment
- Decision making
- Learning and memory
- Behavior control

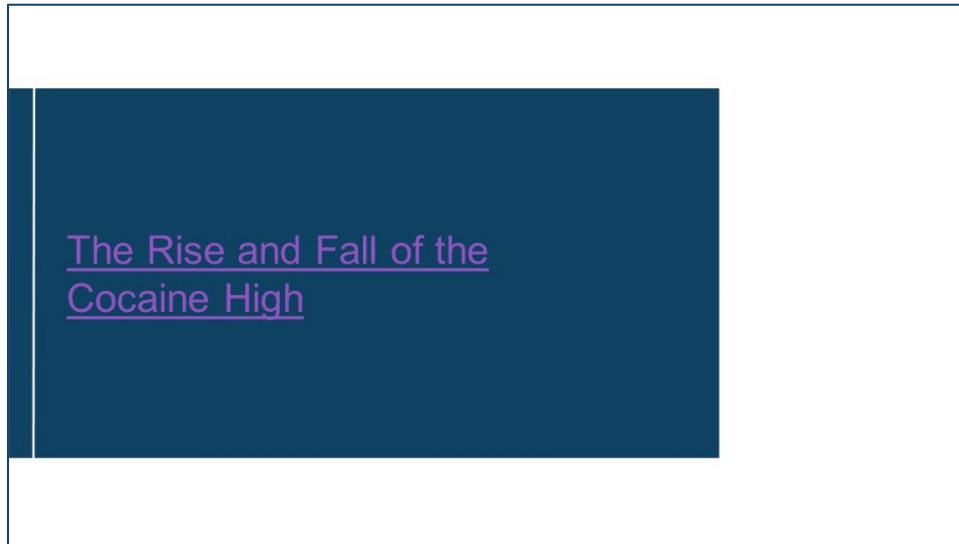
These changes alter the way the brain works and help explain the compulsion and continued use despite negative consequences

(National Institute on Drug Abuse, 2018b)

Addiction is a chronic, relapsing brain disease that involves changes to the reward circuit of the brain and affects judgment, decision making, learning, and memory and behavior control. These changes in the brain persist even after substance use has stopped.

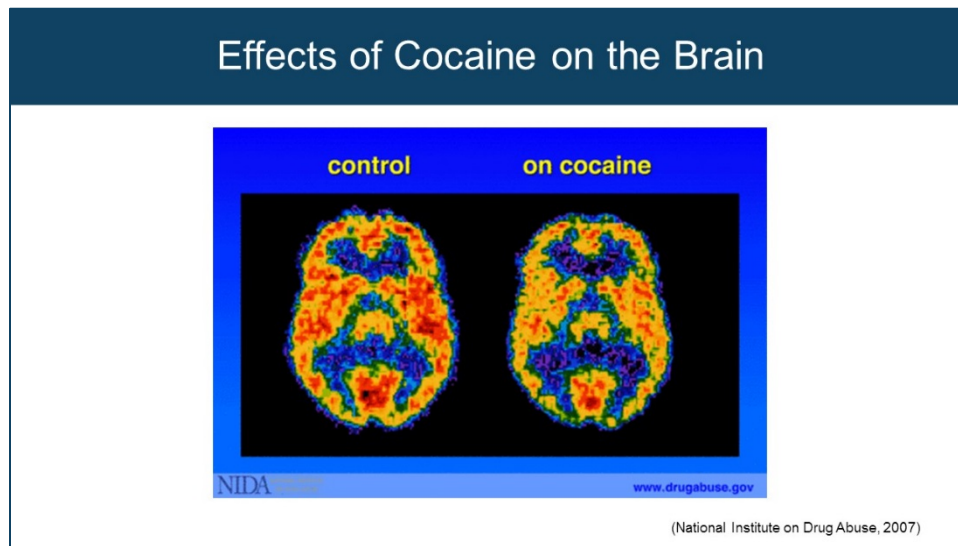
Next, we will see a video that will shows the changes that happen in the brain.

Slide 13



View this hyperlinked video on how the brain responds to cocaine and discuss the changes that occur in the brain.

“The Rise and Fall of the Cocaine High” video: <https://www.youtube.com/watch?v=l80vd2JjkjM>



The PET scan allows us to see how the brain uses glucose. Glucose provides energy to each neuron so that it can perform work. The scans show where the cocaine interferes with the brain's use of glucose—or its metabolic activity. The left scan is taken from a person who is not using cocaine. The red color shows the highest level of glucose utilization (yellow represents less utilization and blue shows the least). The right scan is taken from a person using cocaine. It shows that the brain cannot use glucose nearly as effectively. Note that there is less red than in the scan on the left, indicating less glucose utilization. There are many areas of the brain that have reduced metabolic activity. The continued reduction in the neurons' ability to use glucose (energy) results in disruption of many brain functions.

Key takeaway: There are changes in brain activity caused by substance use disorders that have an effect on a person's judgment, decision making, behavior, and memory and learning.

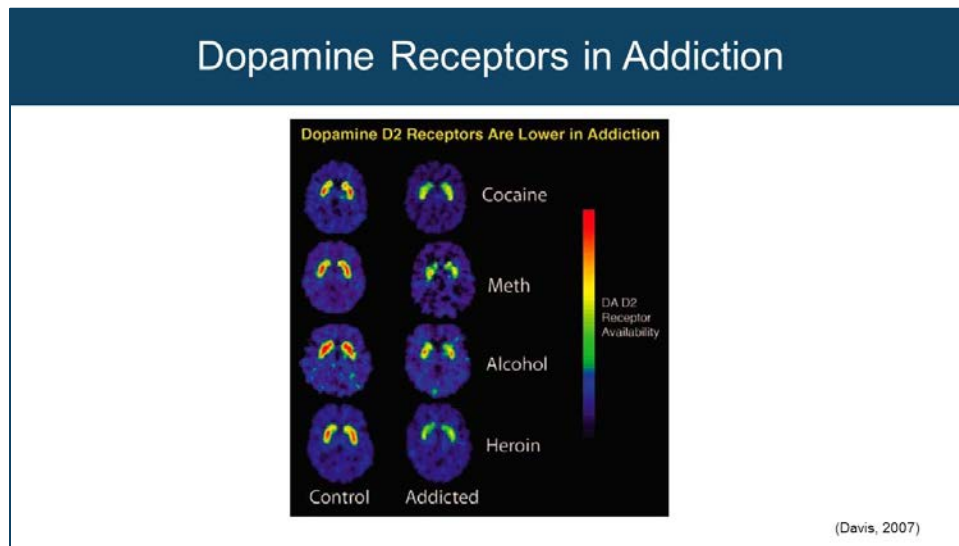
Dopamine and Substance Use

Dopamine:

- A neurotransmitter that is released during a pleasurable experience
- Connected to the reward circuit of the brain
- Acts by reinforcing behaviors that are pleasurable
- Leads to neural changes that help form habits
- Released during substance use and reinforces the connection between the substance and the pleasurable experience
- Trains the brain to repeat the pleasurable experience

(National Institute on Drug Abuse, 2018b)

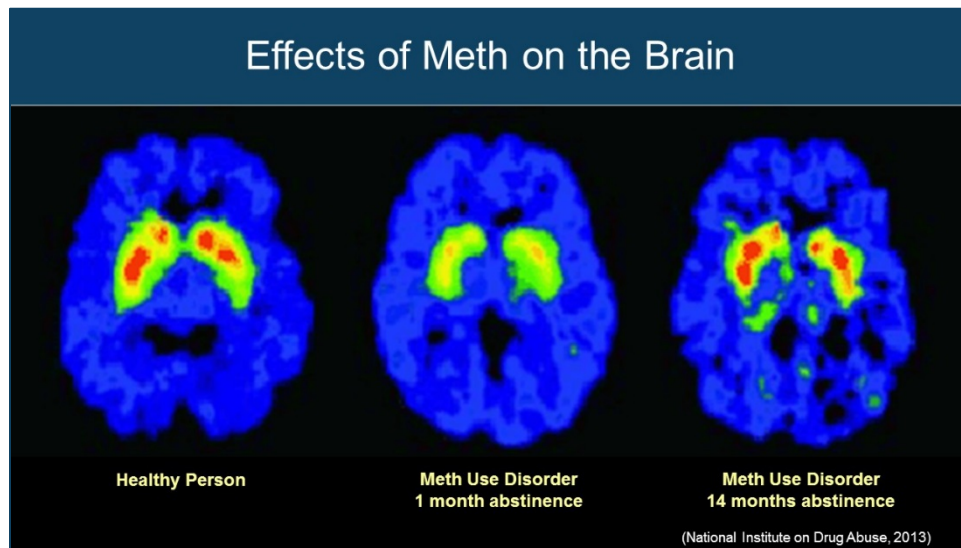
Dopamine is a neurotransmitter that is released during a pleasurable experience to increase the likelihood of the experience being repeated. Substance use leads to the release of endorphins and other neurotransmitters, including dopamine, associated with the reward circuit in the brain. The continued release of dopamine associated with a pleasurable experience leads to changes in the brain that make it easier for the activity to be repeated. Over time, the brain starts to seek this experience. Activities associated with the pleasurable experience can trigger cravings even after substance use is stopped.



By altering neurotransmission, drugs can produce effects that make people want to use them repeatedly and induce health problems that can be long lasting.

The PET images show that repeated exposure to specific drugs depletes the brain's dopamine receptors, which are critical for one's ability to experience pleasure and reward.

These changes in the brain make it harder for people to stop using drugs.



Although a substance use disorder is a chronic, relapsing brain disease, there is hope. These images show the brain's remarkable potential to recover, at least partially, after a long abstinence from drugs—in this case, methamphetamine.

You can see the image on the left of a person who is not using substances and compare the similarities after a period of abstinence from methamphetamine.

Discussion



- Think about the parenting implications for a parent involved in child welfare who is actively using drugs or alcohol.
- Think about the implications for a parent involved in child welfare who has just stopped using drugs or alcohol and is trying to resume normal interactions with their child/ren.
- If you are tasked with observing a home visit, what conclusions might you draw?
- How do we balance compassion, understanding and patience with a parent's temporarily compromised brain condition, while maintaining parent accountability and child safety?

When someone is using substances, their thinking and behavior are altered by the substance use. When someone stops use, it takes some time for the brain chemistry to begin to return to normal.

*****Ask the group the question. If a parent was misusing a substance or recently stopped using substances, what might you see when on a home visit? Make a list as a group.**



The Effect of Parental
Substance Use on Families

In-Home Indicators of Potential Parental Substance Use

- A report of substance use in the child protective services call or report
- Paraphernalia observed or reported in the home
- The smell of alcohol, marijuana, or other drugs on the parent or in the home
- A child reports use by parent(s) or adults in the home
- Parent's behavior suggests intoxication
- Parent exhibits signs of a substance use disorder
- Parent reports their own substance use
- Parent shows or reports experiencing physical effects of a substance use disorder and/or withdrawal

Note: This list is not meant to include all possible signs.

(Breshears, 2009)

The next session of this training discusses possible use or substance use disorder indicators that you need to look for when you conduct a home or on-site visit or investigation:

- A report of substance use in the child protective services call or report.
- Observations or reports of paraphernalia in the home.
 - This can include things such as a syringe kit, pipes, a charred spoon, foils, a large number of liquor or beer bottles, etc.
- The parent (or the home) smells of alcohol, marijuana, or other drugs (drugs can produce different smells).
- A child reports use by parent(s) or other adults in the home.
- A parent exhibits physical behavior that suggests that they are under the influence of alcohol or drugs.
 - This might include slurred speech, an inability to mentally focus, poor physical balance, or extreme lethargy or hyperactivity.
- A parent shows signs of a substance use disorder.
 - Examples include needle tracks, skin abscesses, burns on inside of lips, etc.
- A parent reports their own substance use.
- A parent shows or reports experiencing physical effects of a substance use disorder, including withdrawal.
 - Signs of withdrawal include nausea, euphoria, slowed thinking, and hallucinations.

*****This list is not meant to be inclusive of all possible signs. Ask participants if they can identify other signs of use.**

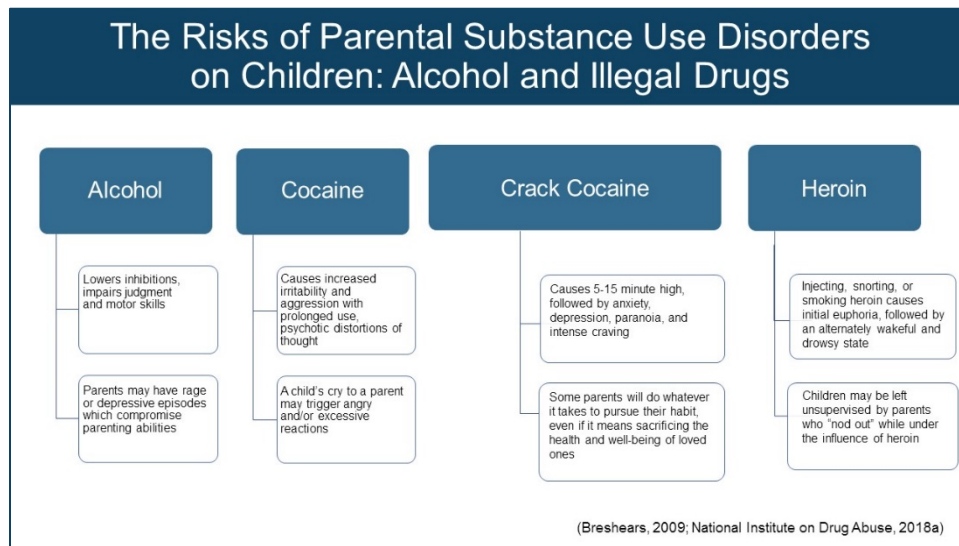
Effects of Substance Use Disorders on Family Functioning

- Child development
- Household safety
- Psychosocial impact
- Parenting skills
- Intergenerational trauma and mental health problems

(Smith & Wilson, 2016)

The life of a person with a substance use disorder is often out of balance, and the negative effects of use and misuse can have an enormous impact on his or her family and friends. The following shows how substance use disorders negatively affect a family's functioning across several domains.

- Child Development
 - Children may present with fetal alcohol syndrome or have a history of neonatal abstinence syndrome. Infants exposed to substances may experience a range of social, emotional, and behavioral effects as a result of exposure.
- Household Safety
 - Parents may neglect a child's basic needs (e.g., empty cupboards, no adult supervision). Parental use may include manufacturing substances or selling drugs. Children may be exposed to harsh chemicals (i.e., those used in methamphetamine labs) or to dangerous and traumatic situations.
- Psychosocial Impact
 - Children may struggle with communication difficulties, overstimulation, or emotional regulation. The postnatal environment may contribute to insecure attachment or other social-emotional concerns.
- Parenting
 - Parent-child relationships may lack trust. Children may feel as though they must be the parent, resulting in feelings of anxiety and stress.
 - Parents may lack the skills to parent effectively, due to their own history as children of substance users.
 - Parent may use harsh discipline.
- Intergenerational
 - Multiple generations of the family may be affected by substance use disorders.
 - Parents may lack basic family support due to generational substance use disorders.
 - The family may present with issues of chronic neglect, due to the effects of long-term substance use disorders.



Let's discuss alcohol and other drug types and the potential effect the use of the drugs may have on a parent's behavior or mood. It is important to note that these are just some examples and that individuals may have different reactions. Also, many people are polysubstance users, using multiple substances.

Alcohol

Risks to children:

- Children's needs may be neglected by a parent who forgets or fails to attend to parenting responsibilities.
- Children may be left alone all night due to a parent's intoxication.
- A parent may have rages and depressive episodes, creating an unstable environment for children.

Cocaine

In addition to an influx of energy, cocaine also heightens the senses. Colors appear brighter, smells seem stronger, and noises sound louder.

Risks to children:

- A parent may become angry or impatient with a child for any reason because of thought distortion and misperception of the child's intent.

Crack cocaine

Crack heightens feelings of power and control over one's life, feelings that may be sorely lacking in those belonging to oppressed social groups.

Risks to children:

- Infants or toddlers may be left alone for hours or sometimes days at a time as parents pursue the drug.
- Children may be living in homes barren of furniture and appliances that have been sold to purchase crack and other drugs.
- The absence of food in the refrigerator or cupboards is evidence of parental inability to attend to a child's most basic needs.

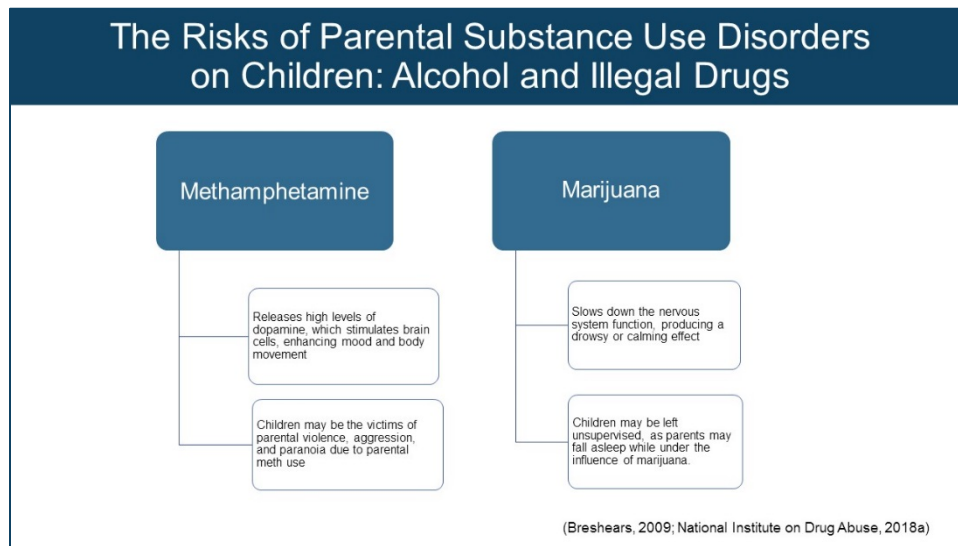
- Some parents will do whatever it takes to pursue their habit, even if it means sacrificing the health and well-being of loved ones.
- Crack can contribute to a significant increase in sexual abuse of young children in two ways: The heightened physical sensations induced by crack can lead users to seek out sexual encounters. A child who is available and unprotected by a functioning adult, as when children accompany parents to so-called crack houses, is an easy target for sexual abuse by an individual high on crack.
- Very young children, even babies, can be prostituted by their parents desperate to obtain the drug.

Heroin

- Heroin is a highly addictive drug leading to serious, even fatal health conditions.
- Tolerance to the drug develops with regular use, meaning that the user must use more heroin to produce the same effect.
- Physical dependence and addiction then develop, and withdrawal can occur as soon as a few hours after the last use.

Risks to children:

- Children's needs may be neglected by a parent who may forget or fail to attend to parenting responsibilities.
- Children may be left alone while parents look for, obtain, or use the drug.
- Children may be exposed to unsafe and dangerous situations, such as heroin dealers and other users.



Methamphetamine

- Smoking or injecting methamphetamine causes a euphoria that is notable for its intensity and length.
- Snorting or ingesting methamphetamine produces a milder and less intense euphoria.
- Following the initial euphoria, the user “crashes” into an irritable, anxious, paranoid, aggressive, or empty feeling. During this cycle, the user may have a sleep episode, or the user may continue to use methamphetamine to regain the euphoric state.
- Severe withdrawal symptoms may include psychotic episodes and extreme violence.
- Methamphetamine use can quickly lead to addiction and is linked to long-term brain damage, as well as cardiovascular and other major health problems.

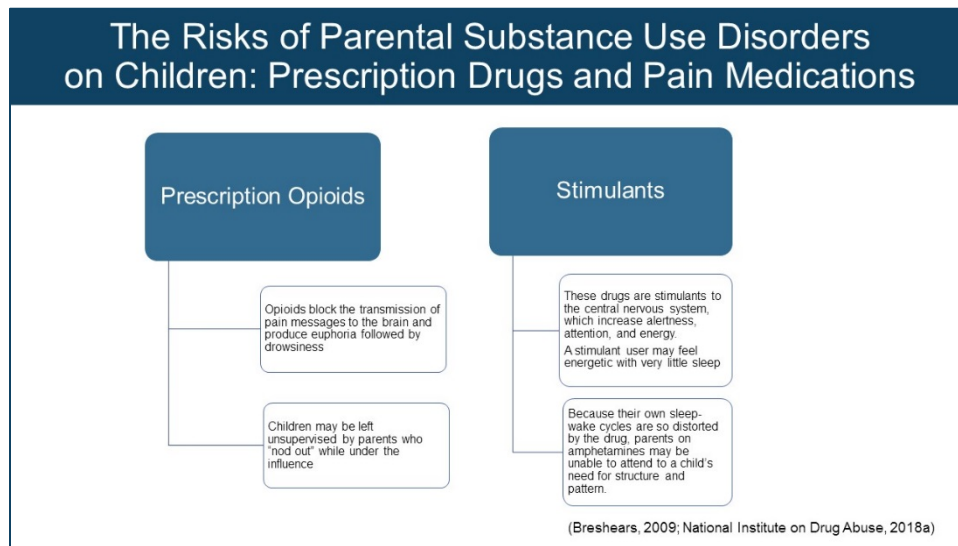
Risks to children:

- Children may lack basic nutrition, hygiene, or medical care due to parental use.
- Children may also be neglected during sleep episodes after the initial euphoria of the drug has worn off.
- Additional risks to children can be quite extreme if the drug is being “cooked” in their residence. These risks include fire and explosions, as well as unintentional absorption of the drug from the home environment.

Marijuana

Risks to children:

- Children may lack basic nutrition, hygiene, and medical care due to the parent forgetting or failing to attend to parenting responsibilities.
- Children may be left alone while parents look for, obtain, or use the drug.



Prescription Opioids

- Chronic use can result in tolerance, dependence, and withdrawal.
- Examples include codeine, fentanyl, hydrocodone, morphine, and oxycodone.
- Methadone, buprenorphine, and naltrexone are synthetic opioids used to treat a heroin substance use disorder.

Risk to children:

- Children may lack basic nutrition, hygiene, and medical care because the parent forgets or neglects to attend to parenting responsibilities.
- Children may be left alone while parents look for, obtain, or use the drug.

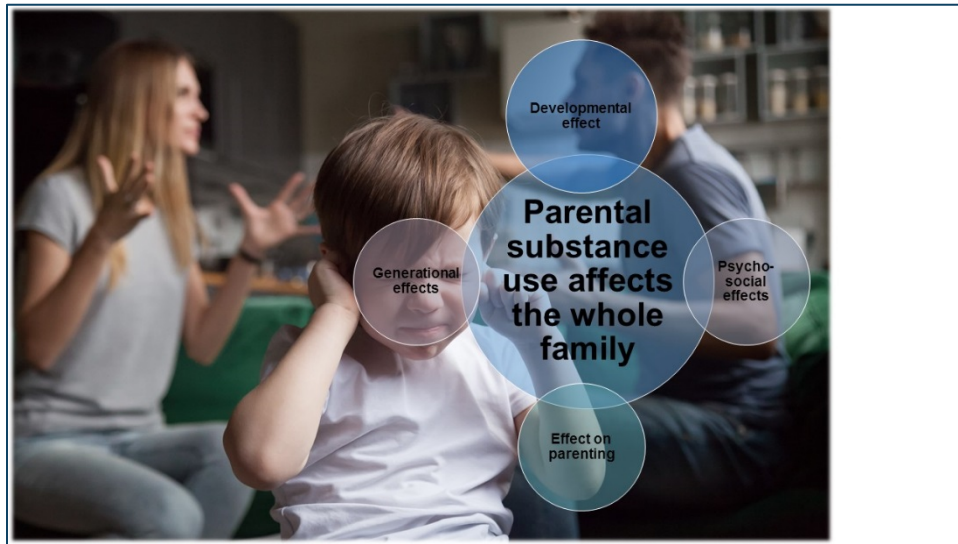
Stimulants

- Amphetamines and methylphenidate (prescription drugs).

Risk to children:

- The parent may become impatient or irritated with the child, who is unable to adapt to the parent's level of energy.
- When a parent is not hungry due to the appetite-suppressive effects of stimulants, and therefore is not preparing meals for themselves, they may also fail to consider a child's hunger and may not ensure that he/she is fed on a regular basis.

Slide 25



This slide summarizes the ways that parental substance use can affect the family.

*****Review highlights from the previous slides and ask participants if they have any other examples of effects of parental substance use on the family.**

Screening for Substance
Use Disorders

Screening: The Role of Child Welfare Workers

Screening

- Signs and symptoms of parental substance use disorders during initial screening or assessment for child abuse and neglect
- Signs and symptoms of parental substance use disorders throughout the child welfare case

Referral

- Refer parent to a substance use disorder treatment provider for further assessment
- The substance use disorder treatment provider may refer the parent to a treatment program

(Breshears, 2009)

What is the role of child welfare workers in screening for a concern of a parental substance use disorder?

When a report of child abuse or neglect has to be investigated, emergency response workers or investigators are generally the first ones to see the parents.

This is a time to conduct the initial screening of parents for potential substance use disorder. They may observe overt signs and symptoms as part of the initial screening and assessment for child abuse and neglect. Screening may be done with a validated substance use disorder screening tool, screening questions, and/or through observation of home and of the parent.

Sometimes, concerns around parental substance use disorder become more apparent after the initial investigation or assessment. Child welfare assessment of families is a process, not an event. If additional concerns arise, further screening may be necessary.

Once concerns of a potential substance use disorder are identified through a child welfare screening or assessment process, a referral to a substance use disorder treatment provider for a clinical assessment is the next step. A substance use disorder treatment provider will complete an assessment and determine the need for substance use disorder treatment.

The Purpose of Screening

- Determine the risk or probability that a parent has a substance use disorder
 - Screen everyone
 - Use observation, interviews, and standardized screening tools
 - Refer for an assessment by a substance use disorder treatment provider if needed

(Roberts & Nuru-Jeter, 2012)

Who needs to be screened?

It is recommended that child welfare workers screen everyone to identify those who may be at risk and rule out those who appear not to be at risk.

Screening is a combination of observation, interviews, and the use of a standardized set of questions, such as those that are included in many effective evidence-based screening tools.

The purpose of a substance use related screening is to determine the need for assessment—that is, determine the risk or probability that a parent has a substance use disorder, and whether more in-depth clinical assessment by treatment professionals is needed.

*****Talk about your agency's screening process and referral to substance use disorder treatment.**

For further information on engagement strategies, please see *Module 4: Engagement and Intervention with Parents Affected by Substance Use Disorders and Mental Health/Trauma*.

Slide 29



Substance Use
Disorder Treatment

A Treatable Disease

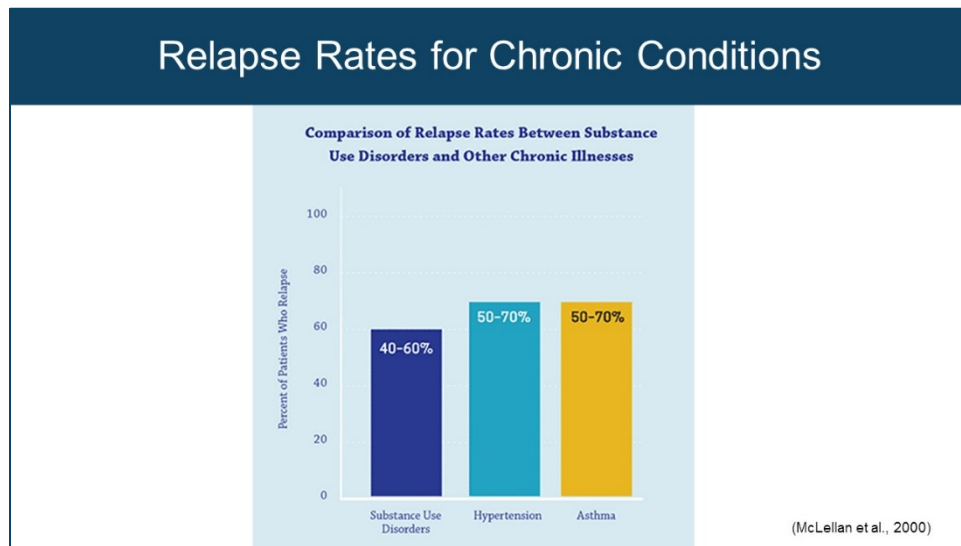
"Groundbreaking discoveries about the brain have revolutionized our understanding of addiction, enabling us to respond effectively to the problem"

- Dr. Nora Volkow, National Institute on Drug Abuse

- Substance use disorders are preventable and treatable
- Successful substance use disorder treatment is highly individualized and entails:
 - Medication
 - Behavioral interventions
 - Peer support

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

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.



The chronic nature of the disease means that relapsing is not only possible, but likely. Relapse rates (i.e., how often symptoms occur) for substance use disorder are similar to those for other well-characterized chronic medical illnesses such as diabetes, hypertension, and asthma, which also have both physiological and behavioral components.

Purpose of Treatment

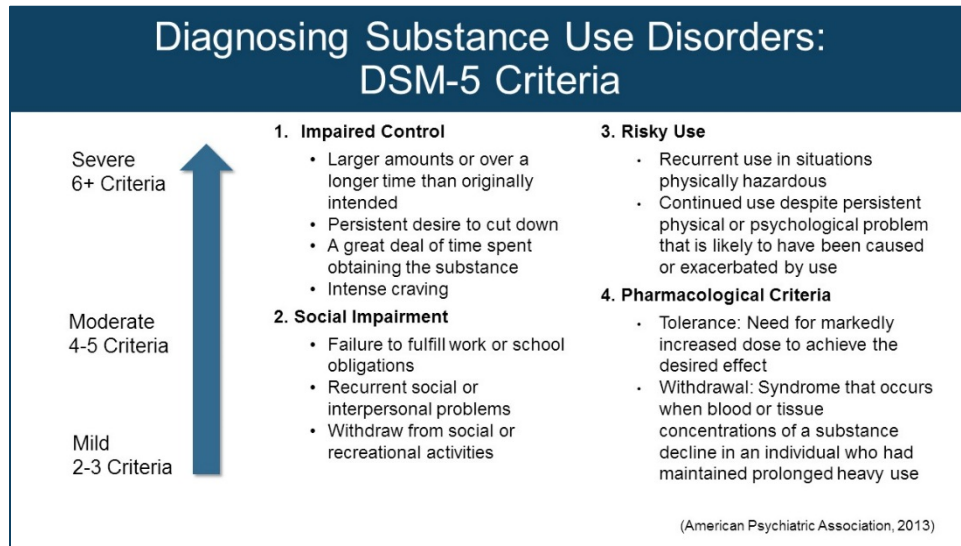
- Reduce the major symptoms of the illness
- Improve health and social functioning
- Teach and motivate individuals to monitor their condition and manage threats of relapse

(National Institute on Drug Abuse, 2018c)

Research indicates that most individuals with substance use disorders need at least three months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment.

According to research that tracks individuals in treatment over extended periods, most people who enter and remain in treatment stop using drugs, decrease their criminal activity, and improve their occupational, social, and psychological functioning.

Treatment enables people to counteract a substance use disorder's powerful disruptive effects on the brain and behavior and to regain control of their lives. Treatment also helps individuals understand relapse triggers and how to plan for relapse.



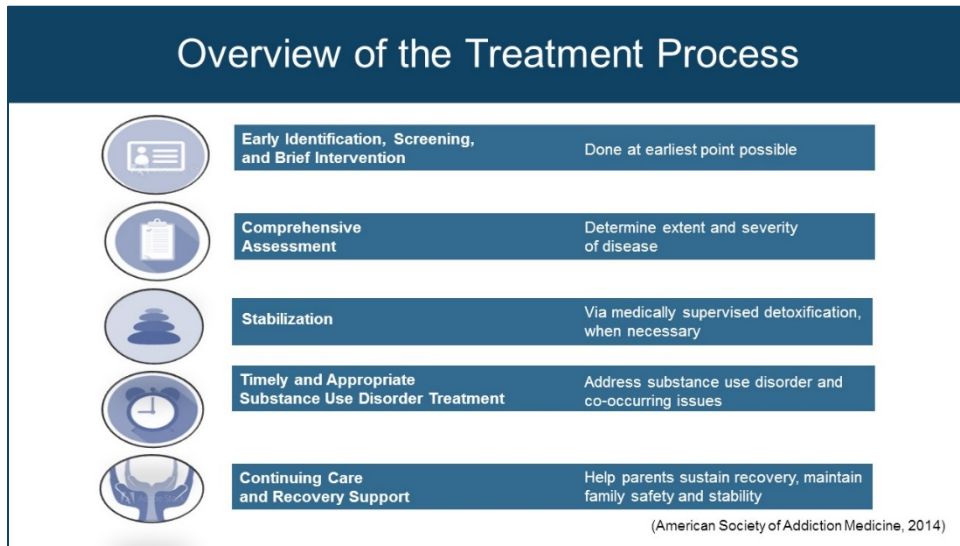
What do we mean by a substance use disorder?

Substance use disorders are a problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least two of the above criteria, and occurring at any time in the same 12-month period.

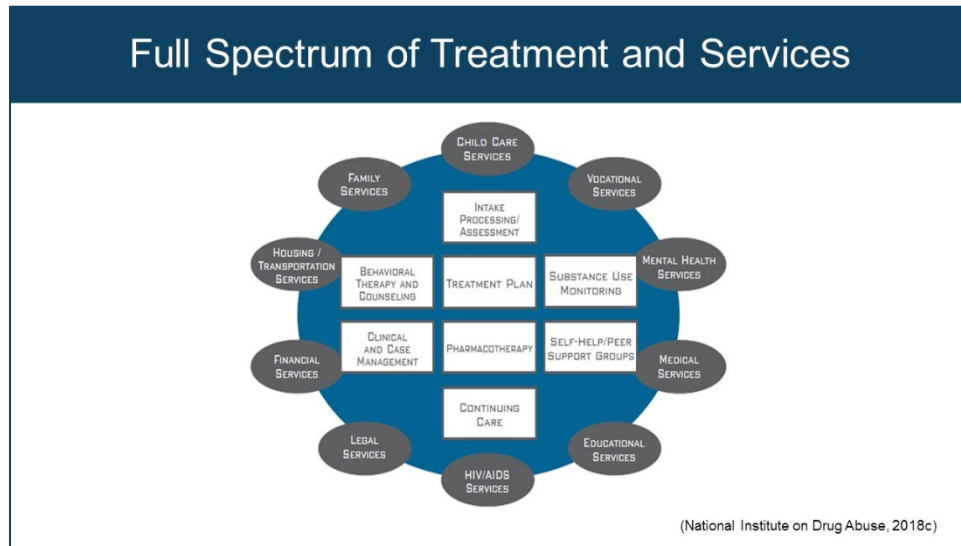
This slide summarizes the criteria now used to diagnose a substance use disorder. It represents a departure from previous editions of the DSM. Previously, diagnosis was based on categories of use, dependence and addiction. New criteria uses Mild, Moderate, and Severe based on the presence and number of symptoms.

Generally speaking, substance use disorder assessment tools draw from the criteria in the *American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, which is the standard for classifying mental disorders in the United States.

*****Highlight that only a licensed counselor is able to diagnosis a person with a substance use disorder.**



When child welfare workers have concern that a parent may have a substance use disorder, they will need to refer the parent to substance use disorder treatment. This slide provides a general overview of the treatment process from assessment through ongoing support.

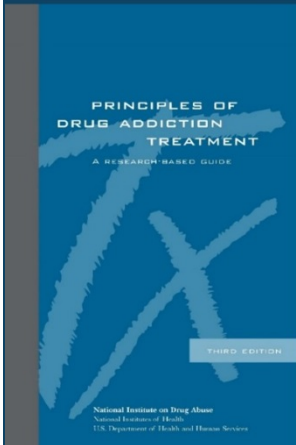


The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

Comprehensive treatment is not available in all communities.

*****Highlight your local treatment providers and the services they offer. Provide a resource list of local services to participants.**

Principles of Effective Drug Addiction Treatment: A Research Based Guide



1. Addiction is a complex but treatable disease that affects brain function and behavior
2. No single treatment is appropriate for everyone
3. Treatment needs to be readily available
4. Effective treatment attends to multiple needs of the individual, not just his or her drug abuse
5. Remaining in treatment for an adequate period of time is critical
6. Behavioral therapies are the most commonly used forms of drug abuse treatment
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies

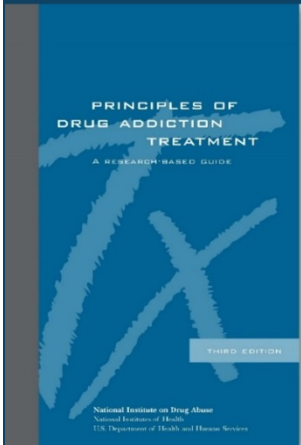
(National Institute on Drug Abuse, 2018c)

Because there are so many dimensions to substance use disorders and treatment, the National Institute on Drug Abuse (NIDA) has developed Principles of Effective Drug Addiction Treatment that speak to the many different facets of substance use disorder treatment. Effective treatment programs typically incorporate many components, each directed to a particular aspect of the illness and its consequences. Substance use disorder treatment must help the individual stop using drugs, maintain a drug-free lifestyle, and achieve productive functioning in the family, at work, and in society. Because a substance use disorder is a disease, most people cannot simply stop using drugs for a few days and be cured. Patients typically require long-term or repeated episodes of care to achieve the ultimate goal of sustained abstinence and recovery of their lives. Indeed, scientific research and clinical practice demonstrate the value of continuing care in treating addiction, with a variety of approaches having been tested and integrated in residential and community settings.

- **Addiction is a complex but treatable disease that affects brain function and behavior.** Drugs of abuse alter the brain's structure and function, resulting in changes that persist long after drug use has ceased. This may explain why there is a risk for relapse even after long periods of abstinence and despite the potentially devastating consequences.
- **No single treatment is appropriate for everyone.** Treatment varies depending on the type of drug and the characteristics of the patients. Matching treatment settings, interventions, and services to an individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.
- **Treatment needs to be readily available.** Because individuals may be uncertain about entering treatment, taking advantage of available services the moment people are ready for treatment is critical. Potential patients can be lost if treatment is not immediately available or readily accessible. As with other chronic diseases, the earlier treatment is offered in the disease process, the greater the likelihood of positive outcomes.
- **Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.** To be effective, treatment must address the individual's substance use disorder and any associated medical, psychological, social, vocational, and legal problems. It is also important that treatment be appropriate to the individual's age, gender, ethnicity, and culture.

- **Remaining in treatment for an adequate period of time is critical.** The appropriate duration for an individual depends on the type and degree of the patient's substance use disorder and needs. Research indicates that most individuals need at least 3 months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment. Recovery from a substance use disorder is a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, relapses can occur and should signal a need for treatment to be reinstated or adjusted. Because individuals often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.
- **Behavioral therapies—including individual, family, or group counseling—are the most commonly used forms of treatment.** Behavioral therapies vary in their focus and may involve addressing a patient's motivation to change, providing incentives for abstinence, building skills to resist drug use, replacing drug-using activities with constructive and rewarding activities, improving problem-solving skills, and facilitating better interpersonal relationships. Also, participation in group therapy and other peer support programs during and following treatment can help maintain abstinence.
- **Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.** For example, methadone, buprenorphine, and naltrexone are effective in helping individuals using heroin or other opioids stabilize their lives and reduce their illicit drug use. Acamprosate, disulfiram, and naltrexone are medications approved for treating alcohol dependence.

Principles of Effective Drug Addiction Treatment: A Research Based Guide (cont'd)



8. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs
9. Many drug-addicted individuals also have other mental disorders
10. Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse
11. Treatment does not need to be voluntary to be effective
12. Drug use during treatment must be monitored continuously, as lapses during treatment do occur
13. Treatment programs should test patients for infectious diseases

(National Institute on Drug Abuse, 2018c)

- **An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.** A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient may require medication, medical services, family therapy, parenting instruction, vocational rehabilitation, and/or social and legal services. For many patients, a continuing care approach provides the best results, with the treatment intensity varying according to a person's changing needs.
- **Many individuals also have other mental disorders.** Because substance use disorders often co-occur with other mental disorders, patients presenting with one condition should be assessed for the other(s). And when these problems co-occur, treatment should address both (or all), including the use of medications as appropriate.
- **Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.** Although medically assisted detoxification can safely manage the acute physical symptoms of withdrawal and can, for some, pave the way for effective long-term addiction treatment, detoxification alone is rarely sufficient to help addicted individuals achieve long-term abstinence. Thus, patients should be encouraged to continue substance use disorders treatment following detoxification. Motivational enhancement and incentive strategies, begun at initial patient intake, can improve treatment engagement.
- **Treatment does not need to be voluntary to be effective.** Sanctions or enticements from family, employment settings, and/or the criminal justice system can significantly increase treatment entry, retention rates, and the ultimate success of substance use disorder treatment interventions.
- **Drug use during treatment must be monitored continuously, as lapses during treatment do occur.** Knowing their drug use is being monitored can be a powerful incentive for patients and can help them withstand urges to use drugs. Monitoring also provides an early indication of a return to drug use, signaling a possible need to adjust an individual's treatment plan to better meet his or her needs.

- **Treatment programs should test patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases, as well as provide targeted risk-reduction counseling, linking patients to treatment if necessary.** Typically, substance use disorder treatment addresses some of the behaviors that put people at risk of infectious diseases. Targeted counseling focused on reducing infectious disease risk can help patients further reduce or avoid substance-related and other high-risk behaviors. Counseling can also help those who are already infected to manage their illness. Moreover, engaging in substance use disorder treatment can facilitate adherence to other medical treatments. Substance use disorder treatment facilities should provide onsite, rapid HIV testing rather than referrals to offsite testing—research shows that doing so increases the likelihood that patients will be tested and receive their test results. Treatment providers should also inform patients that highly active antiretroviral therapy (HAART) has proven effective in combating HIV, including among substance use disorder populations, and help link them to HIV treatment if they test positive.

Services That Parents in Treatment May Need

- Access to physical necessities
- Medical care
- Psychological assessment, and mental health and trauma treatment
- Parenting and child development education
- Child care
- Social services, social support
- Family therapy and health education
- Family planning services

(Werner et al., 2007; Substance Abuse and Mental Health Services Administration, 2009)

Treatment for substance use disorders should be individualized. However, there are services that most parents with substance use disorders in the child welfare system will need at various points in the treatment process. Child welfare workers may work with treatment providers to ensure that parents in treatment have access to these critical services.

Services That Parents in Treatment May Need

- Life skills training
- Language and literacy training
- Continuing aftercare programming
- Support in sustaining visitation with children
- Case management

(Werner et al., 2007; Substance Abuse and Mental Health Services Administration, 2009)

Review the areas of additional services that a parent in substance use disorder treatment may need in addition to substance use disorder treatment programs. Some programs, such as residential programs, offer these additional services as part of their program.

Contact With Children

- Parents in treatment may—or may not—see their children
- Visitation is important to children and parents
- Interventions to treat substance use disorders, child neglect, and maltreatment are more effective if family centered
- Prepare children for visits with a parent in in-patient treatment

(Zweben, 2015; Wells, 2015; Munoz, 2014; Roggman & Cardia, 2016)

While parents are in treatment, they may or may not have contact with their children. This often depends on the guidelines of the treatment program. Family Residential Treatment programs provide an opportunity for parents to live with their children in a treatment environment and often receive services together.

In cases where the court has jurisdiction, court orders may or may not allow visitation, or they may put restrictions on supervision, frequency, or duration of visits. Visitation is important to both the children and the parents. Visitation is important for overall well-being, attachment, and bonding between a child and a parent.

The child welfare worker must prepare the children, in developmentally appropriate ways, for a visit with a parent who is in in-patient treatment and take into account the possible effects on both the parent and the child. Children may not understand why a parent is in treatment or why they are not able to live with their parent.

Family-Centered Approach



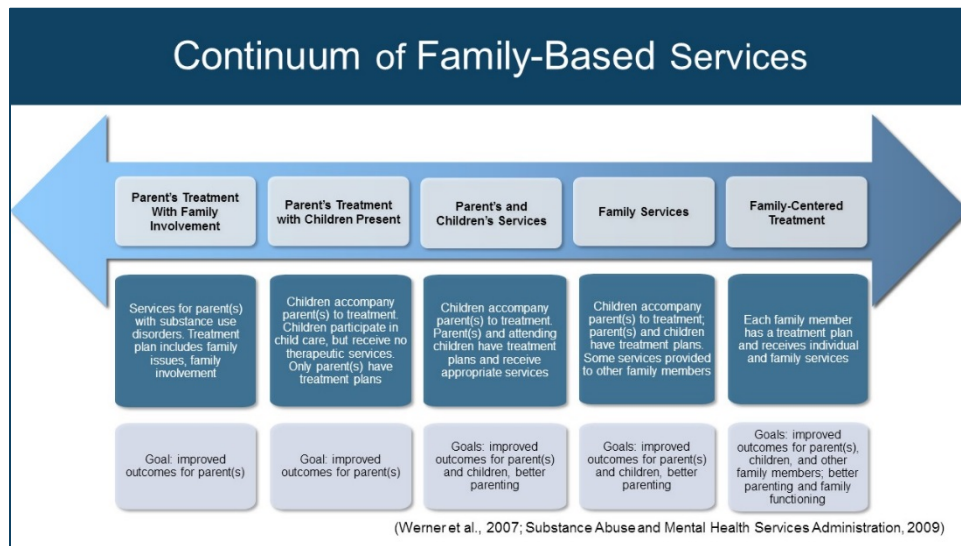
Recognizes that addiction is a **brain disease** that affects the entire **family** and that recovery and well-being occurs **in the context of the family**

(Adams, 2016; Bruns, 2012)

When child welfare workers and substance use treatment providers working with families with substance use disorders recognize that substance use disorders are a brain disease rather than a personal failing or chosen behavior, it can help to reduce stigma.

Reducing stigma ensures that clients are seen as whole people. Child welfare workers and substance use treatment providers can identify client strengths and recognize opportunities to improve parenting and support the parent-child relationship so that families can stay together safely.

Viewing the family as a system requires a shift in thinking for child welfare workers who have traditionally focused on their mission of safety and well-being of the child, and substance use treatment providers, who traditionally have focused on treatment and recovery of the parent. Child safety and parental recovery are critically linked to one another and must be addressed holistically to ensure the best outcomes for the entire family.



Family-centered treatment addresses the effects of substance use disorders on every family member. This treatment approach focuses on the needs and welfare of children within the context of their families and communities. Family-centered practice recognizes the strengths of family relationships and builds on these strengths to achieve optimal outcomes.

This slide displays the continuum of family-based services, which offers a framework for defining the approaches to family involvement in treatment services.

At a minimum, family-based services acknowledge the influence and importance of family, provide for family involvement, and address family issues in individual treatment plans.

The most comprehensive model of family-based services is the family-centered treatment model, in which each family member has an individual treatment plan and receives individual and family services.

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 parent or caregiver 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

(Werner et al., 2007)

Currently, there is no universally accepted definition of “family-centered treatment.” Provider approaches may differ along a continuum, from *family involvement* (a minimum standard of service) to *family-centered services* (in which children or other family members may receive their own services) to *full comprehensive family-based treatment* (in which all members of the family have individualized case plans and share an integrated family plan).

Despite this variation, some common principles underlie family-centered treatment, including:

- It is comprehensive and includes clinical treatment for substance use disorders, clinical support services, and community supports for parents and their families. Services often include recovery coaches or mentors, case management, aftercare services, access to co-occurring services, or other identified needs for the parent and the family.
- It focuses on the entire family unit as opposed to the individual parent with a substance use disorder. Parents or caregivers define their families and treatment identifies and responds to the impact of substance use disorders on every family member.
- Treatment is based on the unique needs and resources of individual families.
- Families are dynamic, and thus treatment must be dynamic.
- Conflict within families is inevitable, but resolvable. Treatment offers whole family services that build on family members’ strengths to improve family management, well-being, and functioning.

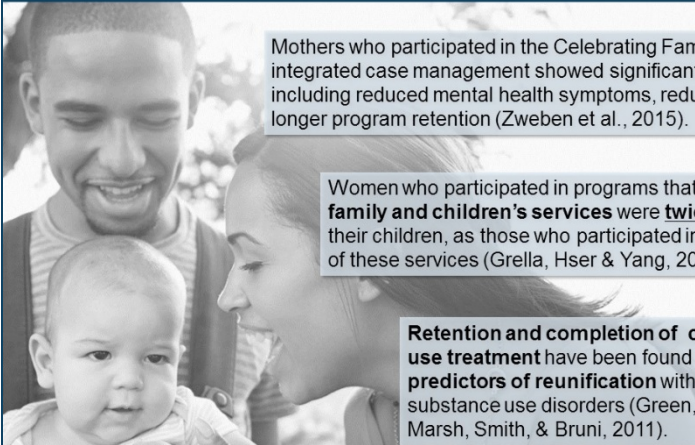
Principles of Family-Centered Treatment (cont'd)

- Cross-system coordination is necessary to meet complex family needs
- Services must be gender responsive and specific and culturally competent
- Family-centered treatment requires an array of professionals and an environment of mutual respect and shared training
- Safety of all family members comes first
- Treatment must support creation of healthy family systems

(Werner et al., 2007)

- Meeting complex family needs requires coordination across systems.
- Services must be gender responsive and specific and culturally competent.
- Family-centered treatment requires an array of professionals and an environment of mutual respect and shared training.
- Safety of all family members comes first.
- Treatment must support creation of healthy family systems.

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).

Review the outcomes of family-centered treatment.

Understanding Treatment Progress

Key factors in understanding treatment progress:*

- Participation in treatment
- Knowledge gained about substance use
- Participation in support systems
- Abstinence from substances
- Relapse prevention planning
- Treatment completion

**You can work with your local treatment providers on what information should be included on progress monitoring updates. Some jurisdictions have created templates for ongoing progress monitoring communication that the treatment providers send to child welfare regularly.*

Understanding treatment and assessing a parent's progress in recovery is one of the critical pieces to consider when making decisions in child welfare practice. There are several factors that can be useful in helping to understand whether parents are making progress in treatment including:

- Participation in treatment
- Knowledge gained about substance use
- Participation in support systems
- Abstinence from substances
- Relapse prevention planning
- Treatment completion

These should be discussed with the substance use disorder treatment provider.

For further strategies for monitoring and assessing progress, please see *Module 5: Case Planning, Family Strengthening, and Planning for Safety for Families with a Substance Use Disorder*.

Treatment Completion

- Progress on treatment goals
- Sobriety and evidence that the parent can live a sober life
- Stabilization/resolution of medical or mental health challenges
- Evidence of a well-developed support system

(Oliveros, 2011; Breshears, 2009; Werner, 2007; Choi 2006)

When a parent demonstrates significant progress in achieving treatment goals and other associated supports are in place, he or she may be ready to be discharged from treatment services.

- Substantial progress in achieving individual treatment goals
- Sobriety, with evidence that the parent knows how to avoid relapse and live a sober life, which can include things such as having a sponsor or regularly attending Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings
- Stabilization or resolution of any serious medical or mental health challenges, with appropriate plans for continuing or re-entering treatment, as needed
- Evidence of a well-developed support system

Treatment programs often have criteria for discharge from their treatment program. If you have a parent in a substance use disorder treatment program, ask the program what their criteria is for treatment completion.

When Treatment Is Unavailable

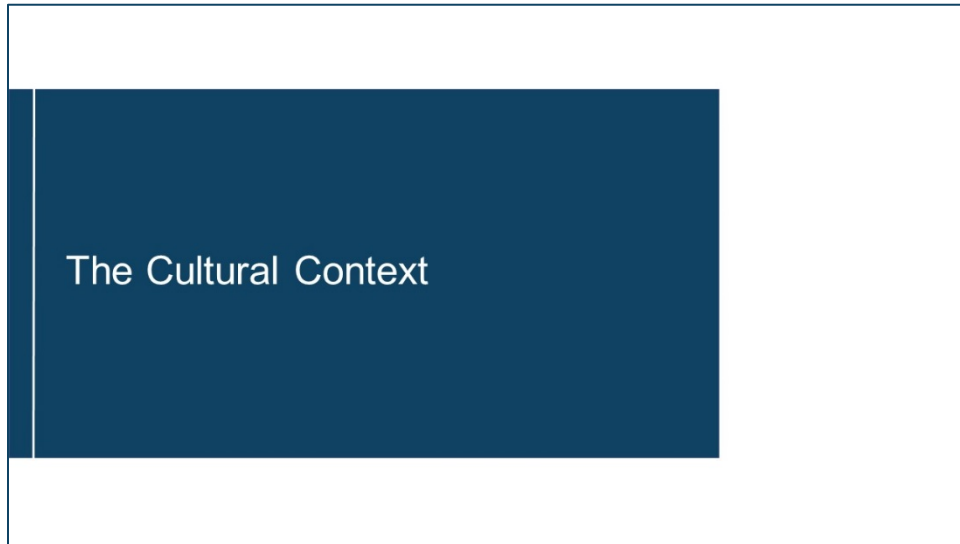
- Be familiar with care and treatment options in the community
- Provide contacts for 12-step meetings and encourage parents to attend
- While waiting for optimal treatment:
 - Help develop safety plans
 - Plan regular contact
 - Suggest lower levels of care

Sometimes you might not be able to place a parent into treatment right away. There may be a waitlist or a shortage of treatment programs in your local area. When this happens, there are still things you can do to help:

- Provide parents with lists of local 12-Step meetings and encourage them to attend.
- Remain familiar with the various levels of care and treatment options in the local community.
- While parents are waiting for optimal treatment, help them develop safety plans to not drink or use drugs, develop a plan to regularly speak and meet, and suggest other levels of care.

****Highlight your local treatment services.**

Slide 49



Cultural Competency in Substance Use Disorder Treatment

Culture refers to:

- Race
- Ethnicity
- Age
- Gender
- Geographical location
- Sexual orientation
- Gender identity

Incorporating community-based values, traditions, and customs can bring about positive change

(Center for Substance Abuse Treatment, 2014)

Culture is often thought of in terms of race or ethnicity, but culture also refers to other characteristics such as age, gender, geographical location, or sexual orientation and gender identity.

Child welfare workers can bring about positive change by understanding the cultural context of their clients and by being willing and prepared to work within that context. This means understanding community-based values, traditions, and customs and being willing to seek training if needed.

Culturally Relevant Treatment

Culturally relevant substance use disorder treatment should:

- Be compatible with roles, values, and beliefs
- Identify and remove barriers to treatment
- Address language needs
- Be geographically accessible
- Be family-focused

(Kim, 2017; Guerrero, 2017; Center for Substance Abuse Treatment, 2014)

Substance use disorder treatment should also be culturally relevant. This means that roles, values, and beliefs should be respected, and the treatment environment should be compatible with those, whenever possible.

For example, some cultures have healing practices and traditions that are important to families. These traditional healing practices may be important tools in treatment and recovery.

Effective treatment programs also routinely identify and remove potential barriers to treatment and provide treatment in the language most comfortable to the client.

Because it is important that treatment be geographically accessible, the child welfare and alcohol and drug services programs may need to collaborate on transportation, visitation with children, and other issues related to distance.

And finally, for parents involved with the child welfare system, treatment must be family focused. Issues of intergenerational substance use disorders, family relationships and dynamics, and parenting are just a few of the concerns that need to be addressed.

To learn more, review NIDA's *Principles of Drug Addiction Treatment* and SAMHSA's *Finding Quality Treatment for Substance Use Disorders*. The links are provided on your resource list.

Substance Use Disorder Treatment: American Indian and Alaska Native Communities

- Federal trust relationship between recognized tribes and federal government
- **Substance use disorder treatment:**
 - Through Indian Health Service (IHS) network or Indian nonprofit agency under contract with IHS
- **Child welfare services:**
 - Under Indian Child Welfare Act (ICWA), tribes have jurisdiction over and operate child welfare services
- Ask about a child's ethnicity to determine if ICWA or IHS should be used

(Park-Lee et al., 2018; Barlow 2018; Center for Substance Abuse Treatment, 2014)

There are a number of key issues that are important to understand when it comes to substance use disorder treatment for people who belong to our American Indian Communities. First, a federal trust relationship exists between federally recognized tribes and the federal government that guides policies and resources available to Native Americans and Alaskan Natives, including many that are related to substance use disorder and child welfare.

As part of this trust, the government established the Indian Health Service (IHS). The goal of the IHS is to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaskan Native people. One way the IHS does this is by working to make sure that these individuals have access to effective substance use disorder treatment when they need it. In some locations, substance use disorder treatment is available through the IHS delivery network and, in others, through an Indian nonprofit agency under contract with the IHS.

In addition, in 1978, Congress passed the Indian Child Welfare Act (ICWA) to protect the interests of Indian children and to promote the stability and security of Indian tribes and Native families. The Act gives jurisdiction to the tribe in child custody matters involving Indian children residing on reservations. In fact, most tribes operate their own child welfare services, which can range from having a family advocate position to a full-service child welfare agency. Native Americans who are enrolled members of federally recognized tribes can receive these services in coordination with other community resources.

Therefore, it is important that child welfare workers ask questions about a child's ethnicity in order to determine whether the ICWA or services available through the IHS should be used if a case is opened after an investigation.

Further information can be accessed through:

- National Indian Health Board
- Indian Health Service
- Center for Tribes
- SAMHSA
- One Sky Center

Gender-Specific Components

- **Unique Considerations for Women**
 - Childhood abuse: physical, sexual, and/or emotional trauma
 - Co-occurring mental disorder, domestic violence
- **Comprehensive Treatment Model for Women**
 - Clinical treatment services
 - Clinical support services
 - Community support services

(Substance Abuse and Mental Health Services Administration, 2009)

Whenever child welfare workers are looking for treatment for a woman with a substance use disorder, they should consider programs that can address the specific issues that women often face.

Many women with substance use disorders have experienced childhood abuse—as physical, sexual, and/or emotional trauma. These experiences can lead to PTSD or other mental disorder challenges that require professional intervention.

In addition, women with substance use disorders are more likely to become victims of domestic violence, and female victims of domestic violence are more likely to have substance use disorders.

Women in treatment also may need to address parenting issues, which might have been compromised because of their substance use disorder.

Relationships are integral to recovery. For women in treatment, relationships with counselors and therapists, peer relationships with other women, and a relationship with a higher power (a component of Alcoholics Anonymous and Narcotics Anonymous) can play a large role in recovery.

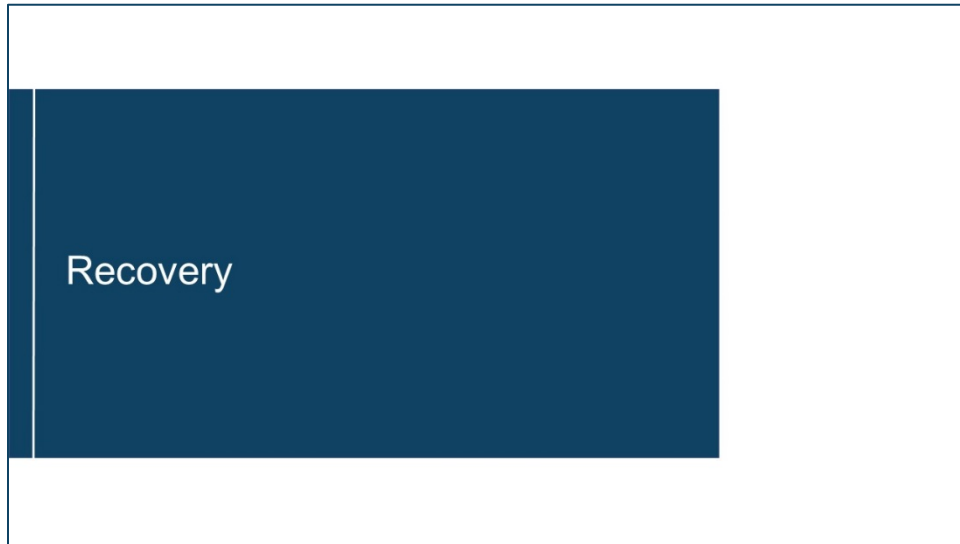
It may be helpful to think in terms of a comprehensive treatment model with the following three levels of services for women with substance use disorder:

Clinical treatment services: This includes a whole range of services, including outreach and engagement, screening, detoxification, crisis intervention, assessment, treatment planning, case management, substance use disorder counseling and education, trauma specific services, medical care, mental health services, drug monitoring, and continuing care.

Clinical support services: Clinical support services include things like primary health care services, life skills, parenting and child development education, family programs, educational remediation and support, employment readiness services, linkages with legal system and child welfare system, housing support, advocacy, and recovery community support services.

Community support services: The following, when available in the community, support long-term recovery: Recovery management, recovery community support services, housing services, family strengthening, child care, transportation, Temporary Assistance for Needy Families (TANF) linkages, employer support services, vocational and academic education services, and faith-based organization support.

Slide 54



*****As the training shifts to focus on recovery, ask participants how they would define recovery.**

What Is Recovery?

SAMHSA's Working Definition

A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

Access to evidence-based substance use disorder treatment and recovery support services are important building blocks to recovery

The diagram is a circular wheel with a central red circle containing the text 'SAMHSA's WORKING DEFINITION OF RECOVERY'. Surrounding this center are ten colored segments, each representing a principle of recovery: Hope (orange), Person-Driven (blue), Many Pathways (yellow), Holistic (green), Peer Support (orange), Relational (yellow), Culture (blue), Addresses Trauma (yellow), Strengths / Responsibility (green), and Respect (orange).

(Substance Abuse and Mental Health Services Administration, 2012)

Guiding Principles of Recovery

Recovery emerges from hope: The belief that recovery is real provides the essential and motivating message of a better future—that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them.

Recovery is person-driven: Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s).

Recovery occurs via many pathways: Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds, including trauma experiences that affect and determine their pathway(s) to recovery. Abstinence is the safest approach for those with substance use disorders.

Recovery is holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies: Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery.

Recovery is supported through relationship and social networks: An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change.

Recovery is culturally based and influenced: Culture and cultural background in all of its diverse representations, including values, traditions, and beliefs, are keys in determining a person's journey and unique pathway to recovery.

Recovery is supported by addressing trauma: Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Recovery involves individual, family, and community strengths and responsibility: Individuals, families, and communities have strengths and resources that serve as a foundation for recovery.

Recovery is based on respect: Community, systems, and societal acceptance and appreciation for people affected by mental illness and substance use disorders—including protecting their rights and eliminating discrimination—are crucial in achieving recovery.

Recovery Occurs in the Context of the Family

- 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)

We know that recovery occurs within the context of relationships.

- Substance use disorder is a disease that affects the family.
- Adults (who have children) primarily identify themselves as parents, even if they don't have physical custody of their child.
- 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.

*****Ask participants what family recovery would look like. Create a family recovery definition.**

Focusing Only on Parent's Recovery Without Addressing the Needs of Children...



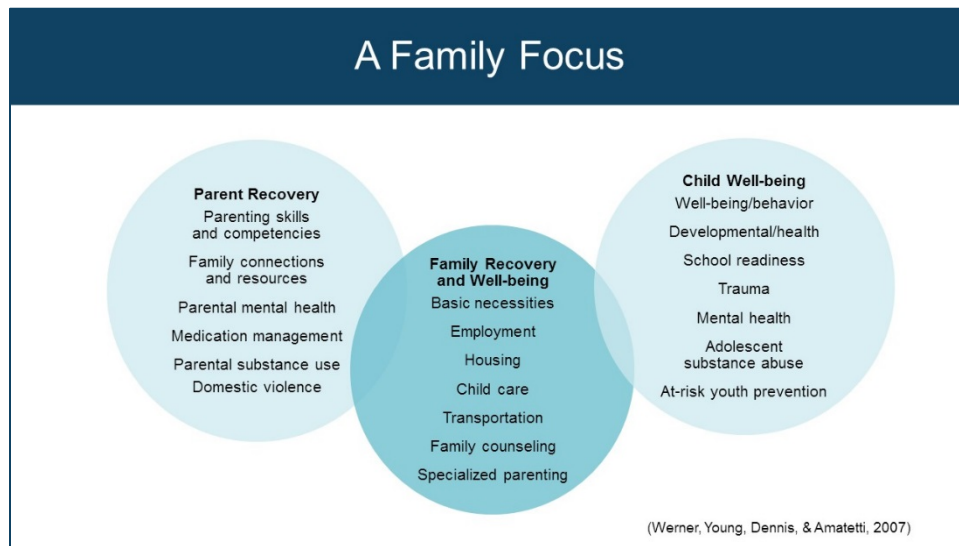
Can threaten parent's ability to achieve and sustain recovery and establish a healthy relationship with their children, thus risking:

- Recurrence of maltreatment
- Re-entry into out-of-home care
- Relapse and sustained recovery
- Additional infants with prenatal substance exposure
- Additional exposure to trauma for child/family
- Prolonged and recurring impact on child well-being

(U.S. Department of Health and Human Services, 2013)

Focusing only on the parent's recovery issues without addressing the needs of the child and the family as a whole can threaten the parent's ability to achieve and sustain recovery, to parent effectively, and to establish a healthy and positive relationship with their child(ren); thus risking:

- Recurrence of maltreatment
- Re-entry into out of home care
- Relapse and sustained sobriety
- Additional infants with prenatal substance exposure



When serving a family holistically, the focus is on the parent's recovery, the child's well-being, and the family recovery and well-being as a whole.

- Services to support a parent's recovery should address:
 - Parenting skills and competencies
 - Family connections and resources
 - Parental mental health
 - Medication management
 - Parental substance use
 - Domestic violence
- Services that support child well-being must address:
 - Well-being/behavior
 - Developmental/health
 - School readiness
 - Trauma
 - Mental health
 - Adolescent substance use
 - At-risk youth prevention
- Supporting the entire family's recovery and well-being means providing:
 - Basic necessities
 - Employment
 - Housing
 - Child care
 - Transportation
 - Family counseling
 - Specialized Parenting



Post-Treatment Expectations

- Recovery as “one day at a time” for the rest of a person's life
- Relapse
- Ongoing support:
 - Economic, vocational, housing, parenting, medical, and social supports
 - Re-engagement in the recovery process, should relapse occur
 - Supporting recovery

(National Institute on Drug Abuse, 2018b)

Recovery is a process.

The chronic nature of addiction means that for some people *relapse*, or a return to drug use after an attempt to stop, can be part of the process.

As with other chronic illnesses, relapses to drug use can occur and signals a need for treatment to be reinstated or adjusted. Individuals develop personal recovery plans in treatment, often call relapse prevention plans. If relapse occurs, an individual may need to re-enter treatment, enter a high level of treatment, or make adjustments to their recovery supports.

Recovery is a long-term process and frequently requires multiple episodes of treatment.

Continuing care and aftercare can support recovery, particularly after formal treatment has ended.

Continuing Care or Aftercare: Strategies To Support Recovery

- Alumni group meetings at the treatment facility
- Home visits from counselors
- Case management
- Parenting education and support services
- Employment services
- Safe and sober housing resources
- Legal aid clinics or services

In practice, many programs do not offer formal continuing care. In many cases, continuing care is an ongoing process of self-management and participation in voluntary, community-based recovery support networks.

However, there are a number of ways to provide support for recovery. Substance use disorder treatment professionals and child welfare workers play key roles in connecting parents and families to services that can support recovery and family healing. Some of the many important services to link parents to include:

- Alumni group meetings at the treatment facility
- Home visits from counselors
- Case management
- Parenting education and support services
- Employment services
- Safe and sober housing resources
- Legal aid clinics or services

Continuing Care or Aftercare: Strategies To Support Recovery (cont'd)

- Mental health services
- Medical and healthcare referrals
- Dental health care
- Income supports
- Self-help groups
- Individual and family counseling
- Recovery or peer support specialist

You may also help connect a parent to these services as well:

- Mental health services
- Medical and healthcare referrals, including HIV testing and prevention programs
- Dental health care
- Income supports, including, when applicable, the Earned Income Tax Credit
- Self-help groups, including 12-Step programs, such as AA and NA
- Individual and family counseling
- Recovery or peer support specialist

Functions of Recovery or Peer Support Specialists

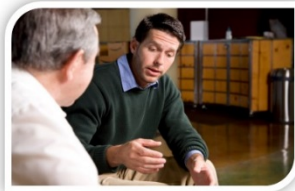


Liaison

- Links participants to ancillary supports; identifies service gaps

Treatment Broker

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



Advisor

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

(Huebner, 2018; Center for Substance Abuse Treatment, 2010)

*****Highlight any recovery support services in your community if they are available.**

Recovery support could be case managers, peer recovery coaches, family mentors, recovery centers, etc.

Slide 64



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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