

# 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*

***SAMHSA***  
Substance Abuse and Mental Health  
Services Administration



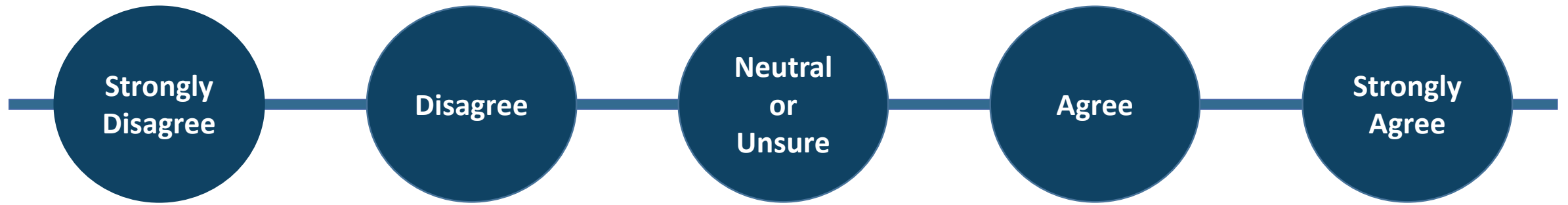
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# Learning Objectives

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 use 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

# 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

# Individual Factors That Increase Risk for Substance Use or Misuse

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

# Drug Epidemics of the Decades





# 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

# Common Drugs

## Alcohol

A depressant, which means it slows the function of the central nervous system

- 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

A powerfully addictive stimulant drug made from the leaves of the coca plant native to South America

- 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

An opioid drug made from morphine, a natural substance extracted from the seed pod of various opium poppy plants

- 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



# Common Drugs (cont'd)

## **Methamphetamine**

A stimulant drug chemically related to amphetamine but with stronger effects on the central nervous system

- 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**

Made from the hemp plant, *Cannabis sativa*. The main psychoactive (mind-altering) chemical in marijuana is delta-9-tetrahydrocannabinol, or THC.

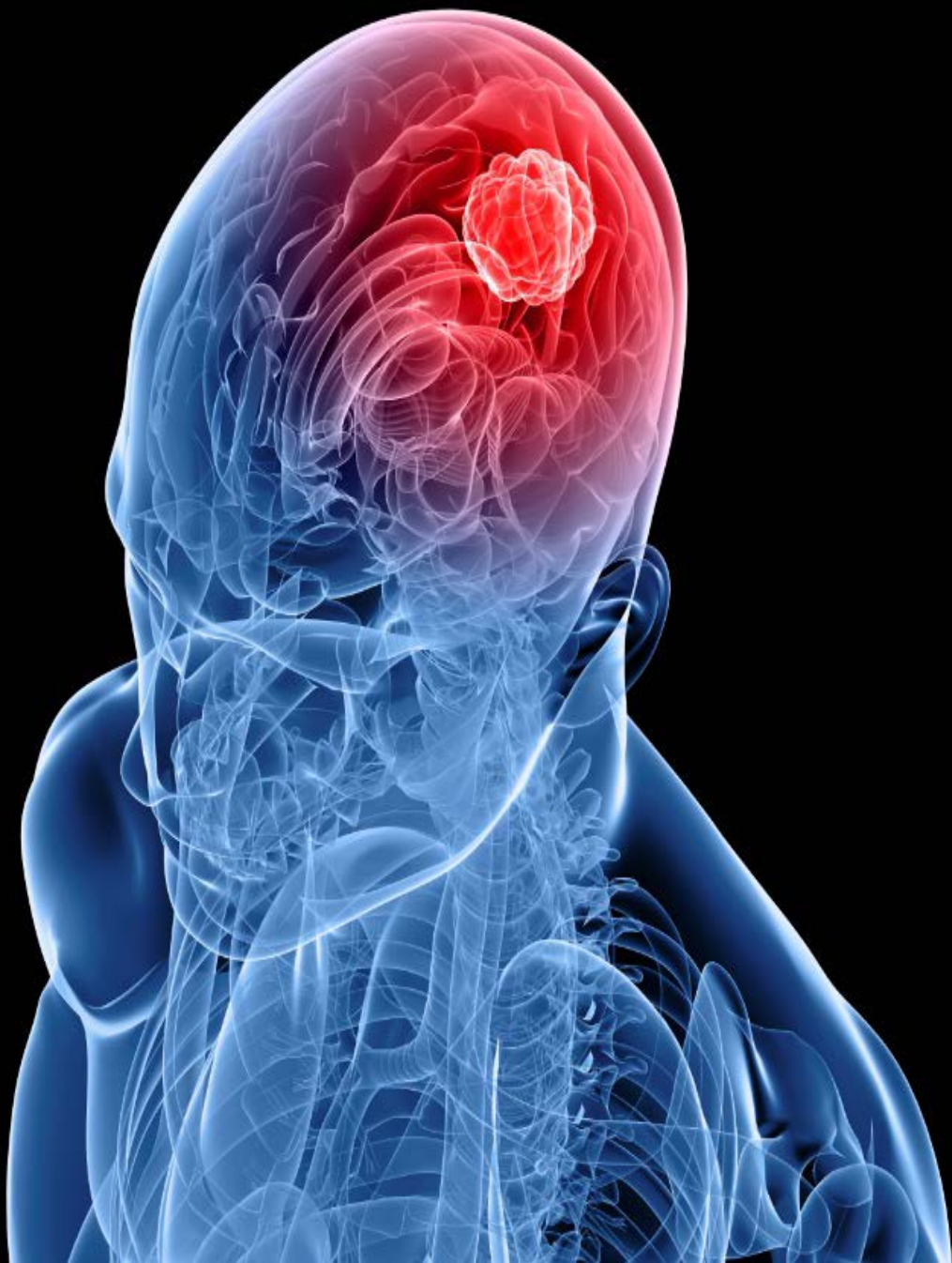
- Short-term effects: Enhanced sensory perception and euphoria followed by drowsiness/relaxation; slowed reaction time; problems with balance and coordination
- Long-term effects: Mental health problems, chronic cough, frequent respiratory infections

## **Opioids**

Pain relievers with an origin similar to that of heroin. Opioids can cause euphoria and are often used non-medically, leading to overdose deaths.

- Short-term effects: Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death
- Long-term effects: Increased risk of overdose or addiction if misused

# 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.”

# Drug Use and Addiction



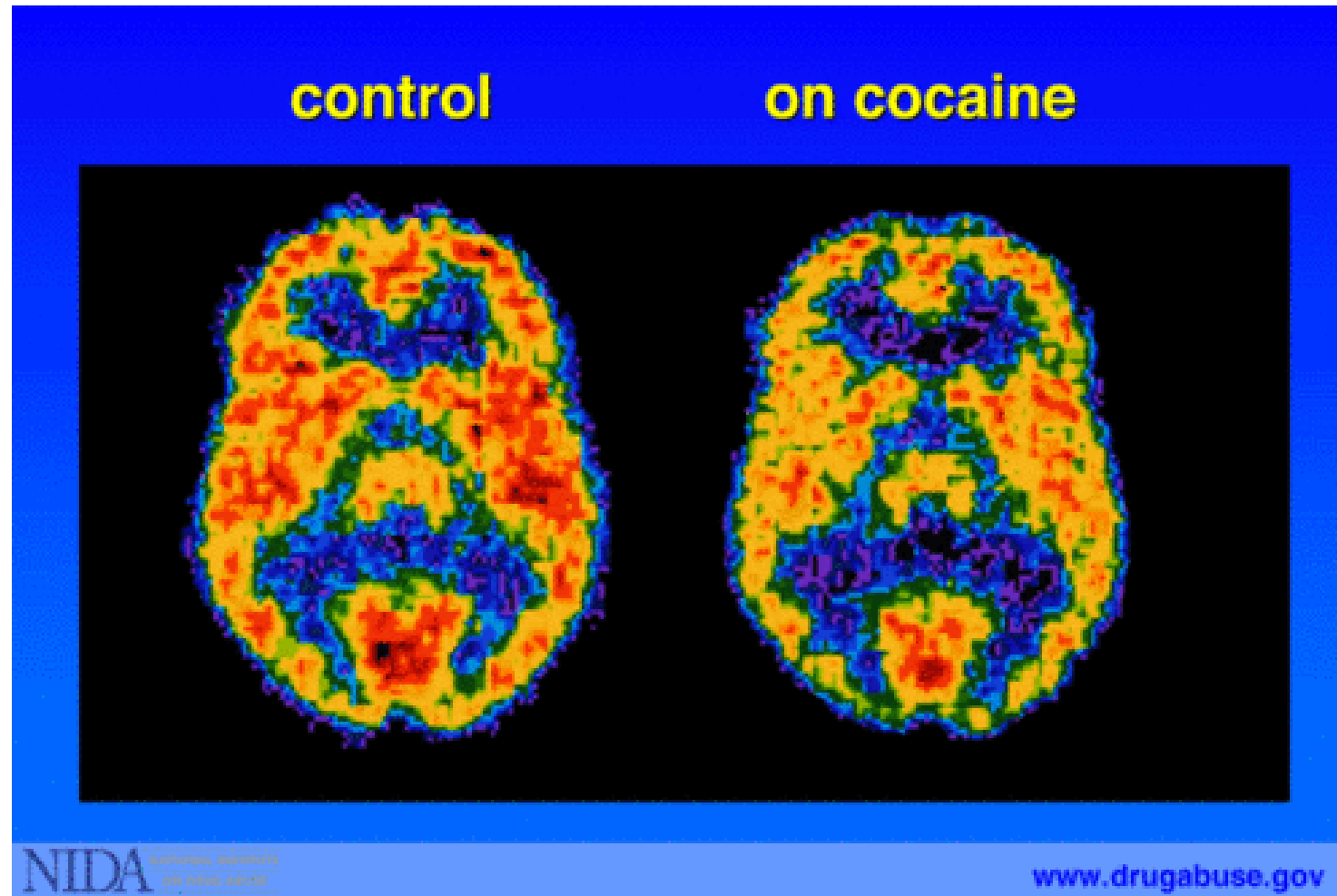
Brain imaging studies show physical changes in areas of the brain when a drug is ingested that are critical to:

- 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

# The Rise and Fall of the Cocaine High

# Effects of Cocaine on the Brain



(National Institute on Drug Abuse, 2007)



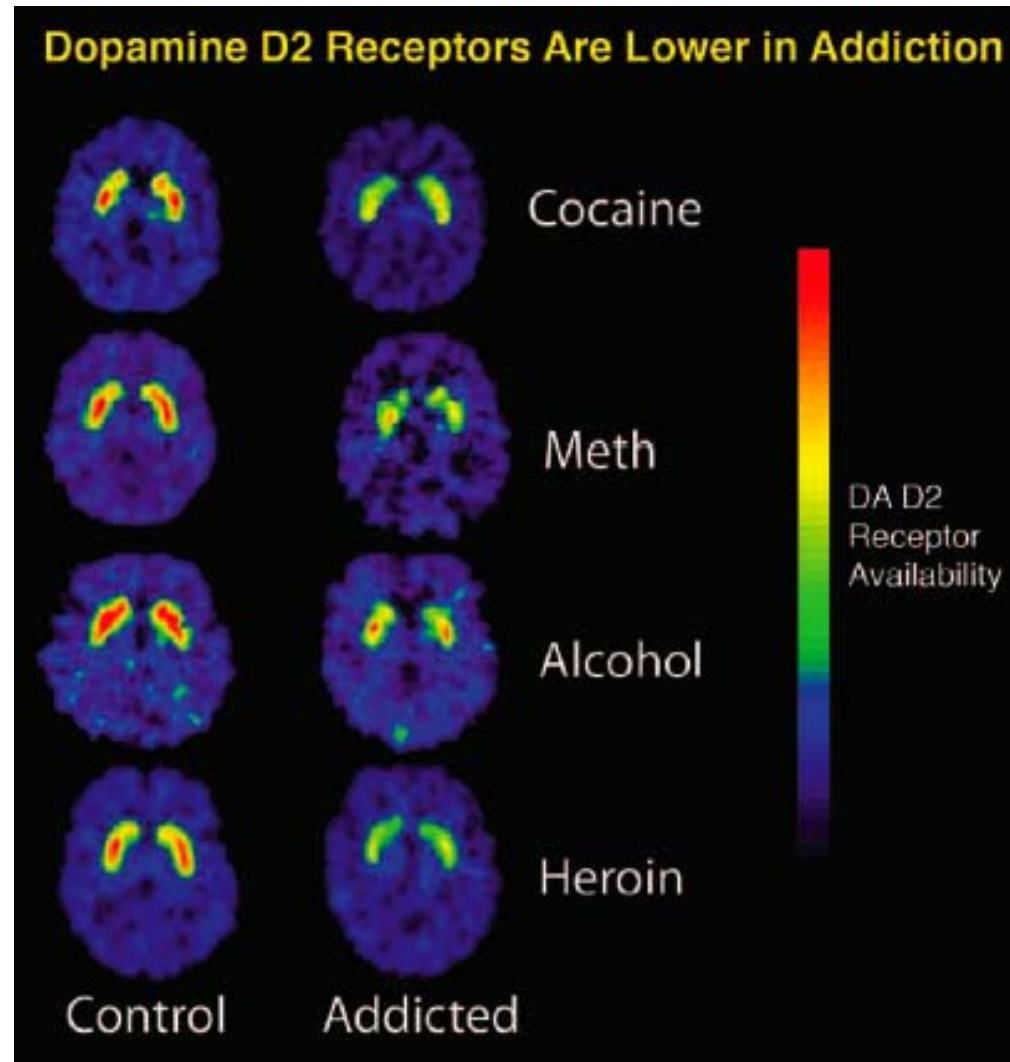
# Dopamine and Substance Use

## Dopamine:

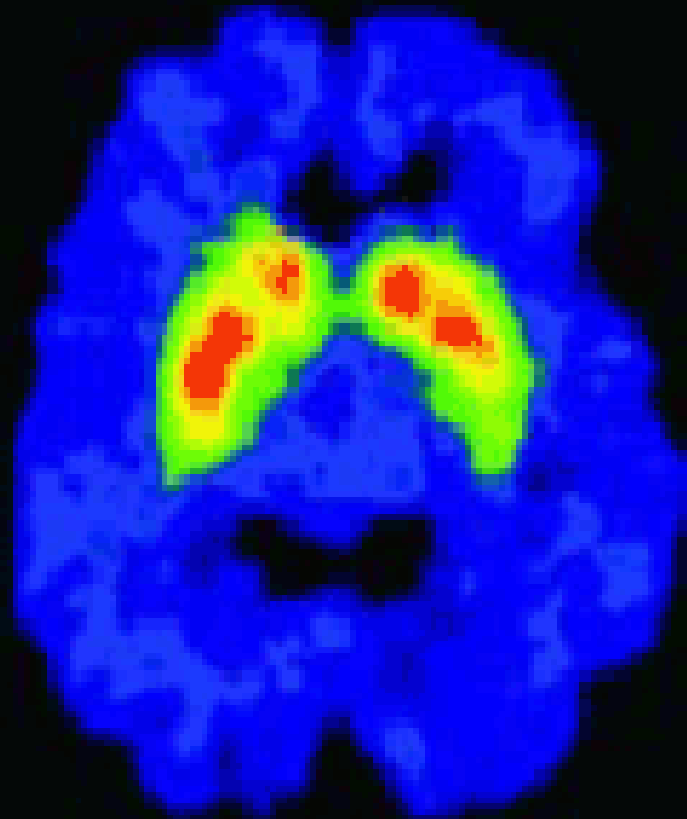
- A neurotransmitter that is released during a pleasurable experience
- Connected to the reward circuit of the brain
- Acts by reinforcing behaviors that are pleasurable
- Leads to neural changes that help form habits
- Released during substance use and reinforces the connection between the substance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



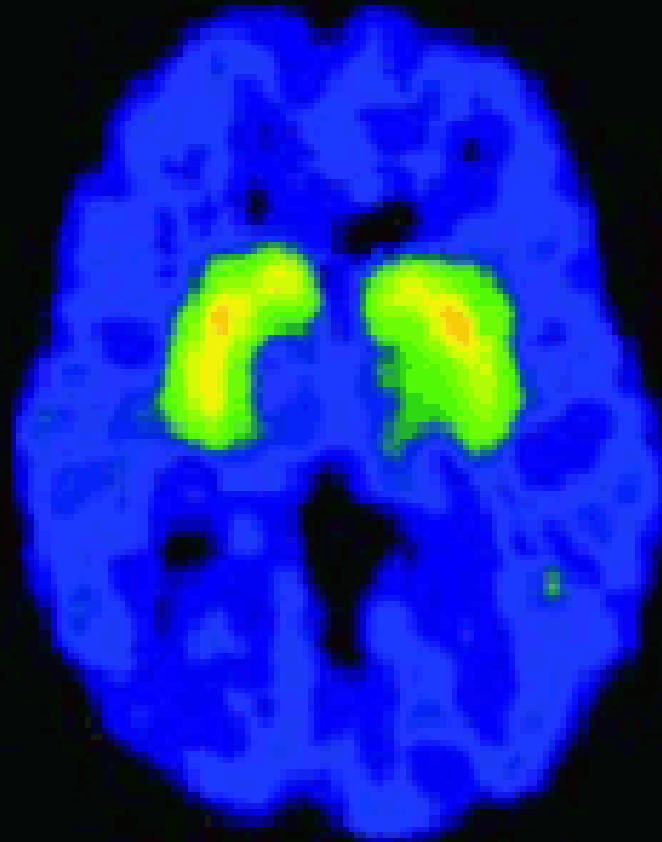
# Dopamine Receptors in Addiction



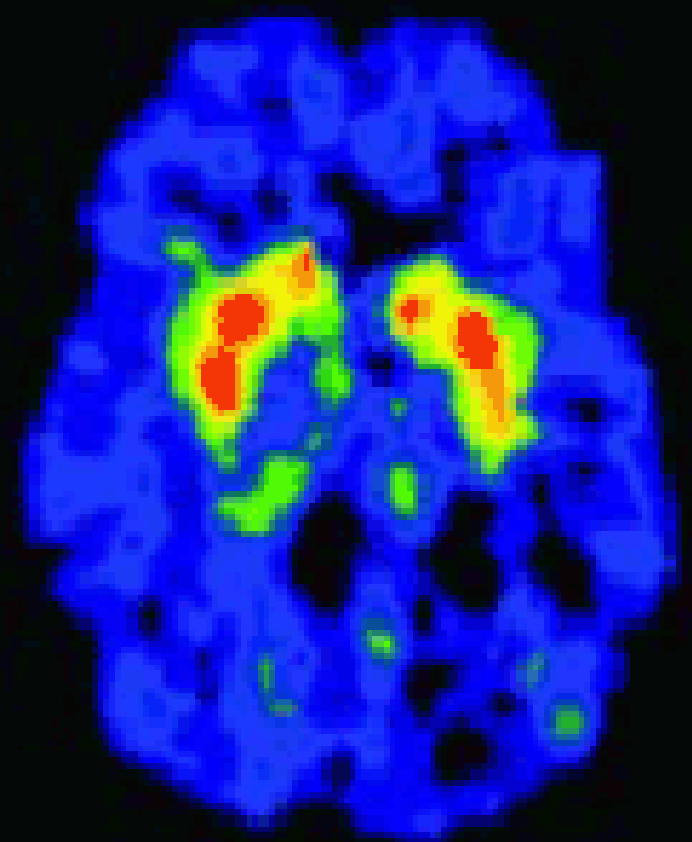
# Effects of Meth on the Brain



**Healthy Person**



**Meth Use Disorder  
1 month abstinence**



**Meth Use Disorder  
14 months abstinence**

# 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?

# 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

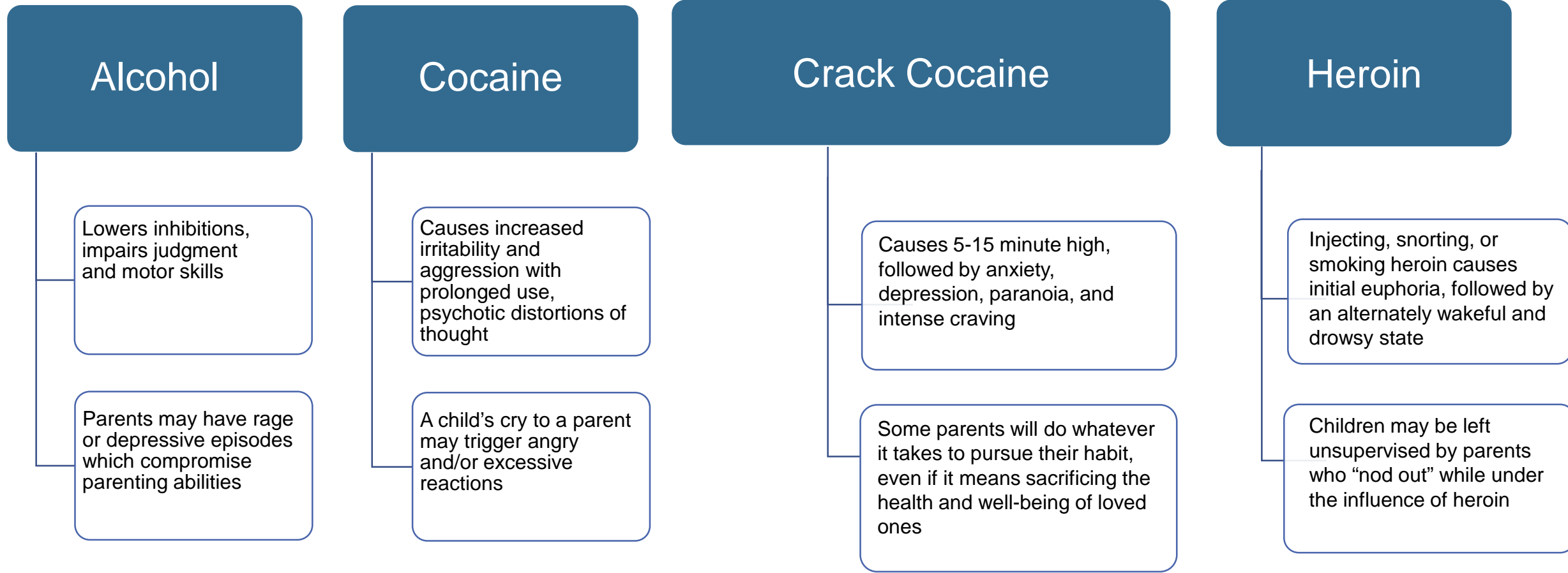
Note: This list is not meant to include all possible signs.

(Breshears, 2009)

# Effects of Substance Use Disorders on Family Functioning

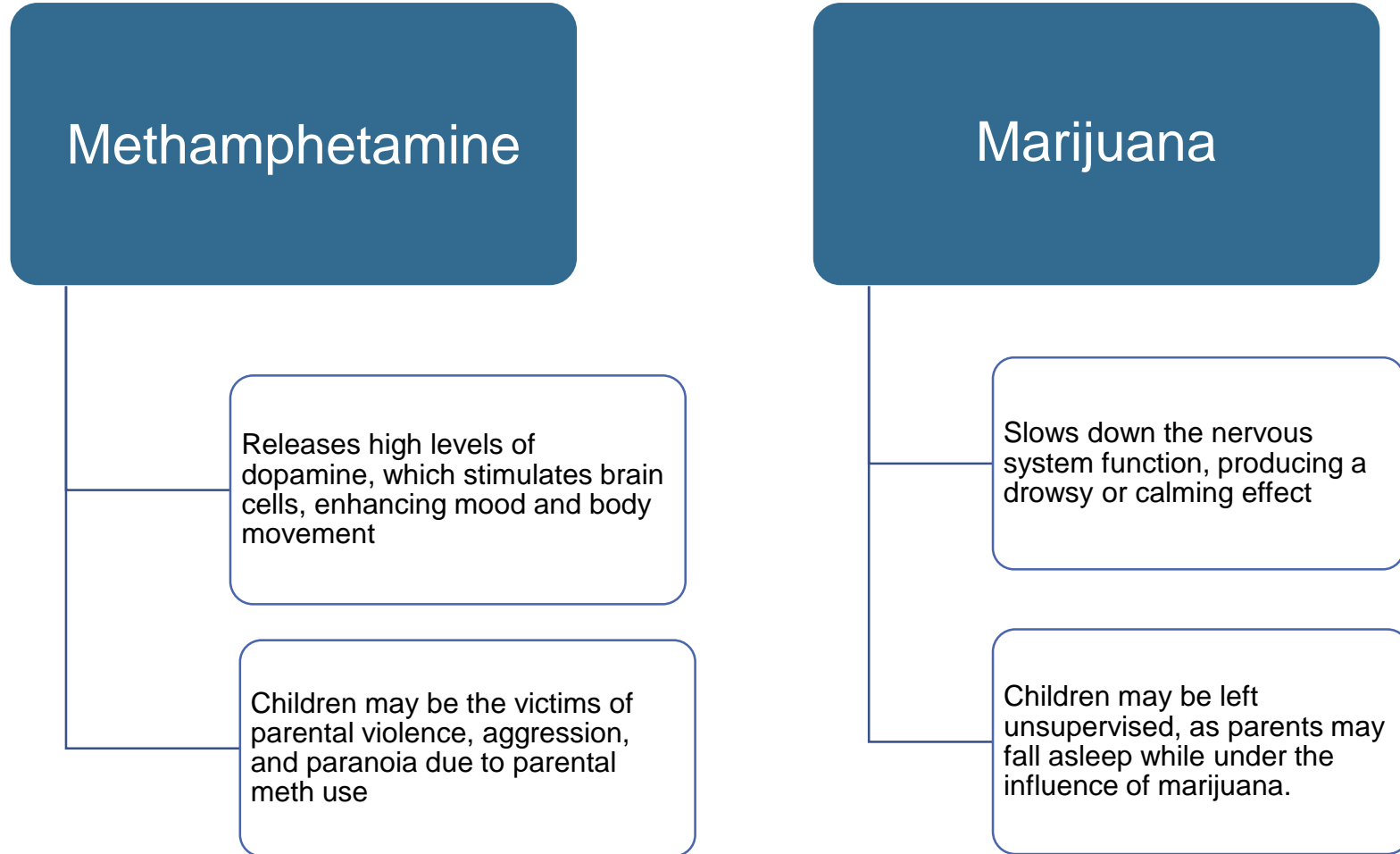
- Child development
- Household safety
- Psychosocial impact
- Parenting skills
- Intergenerational trauma and mental health problems

# The Risks of Parental Substance Use Disorders on Children: Alcohol and Illegal Drugs

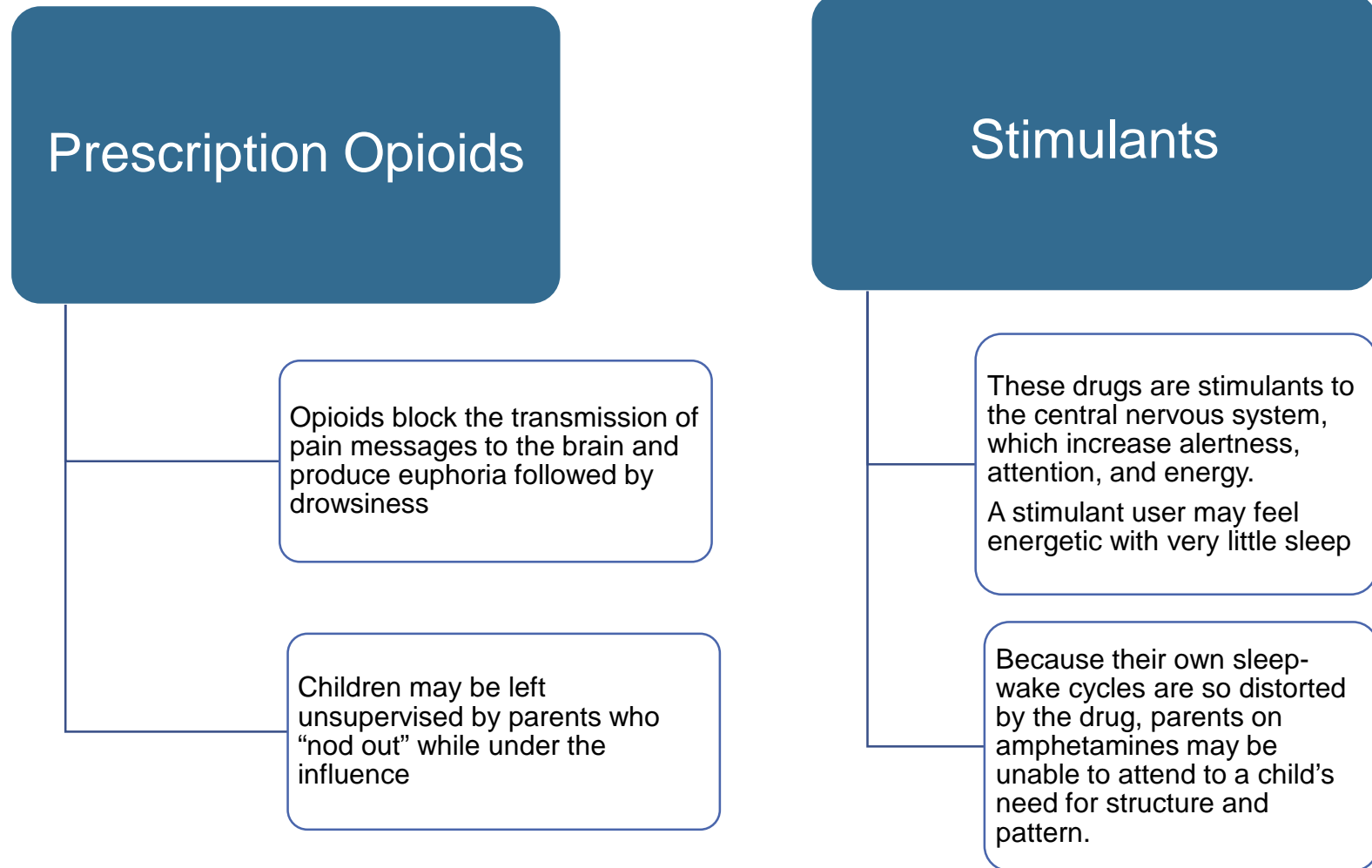


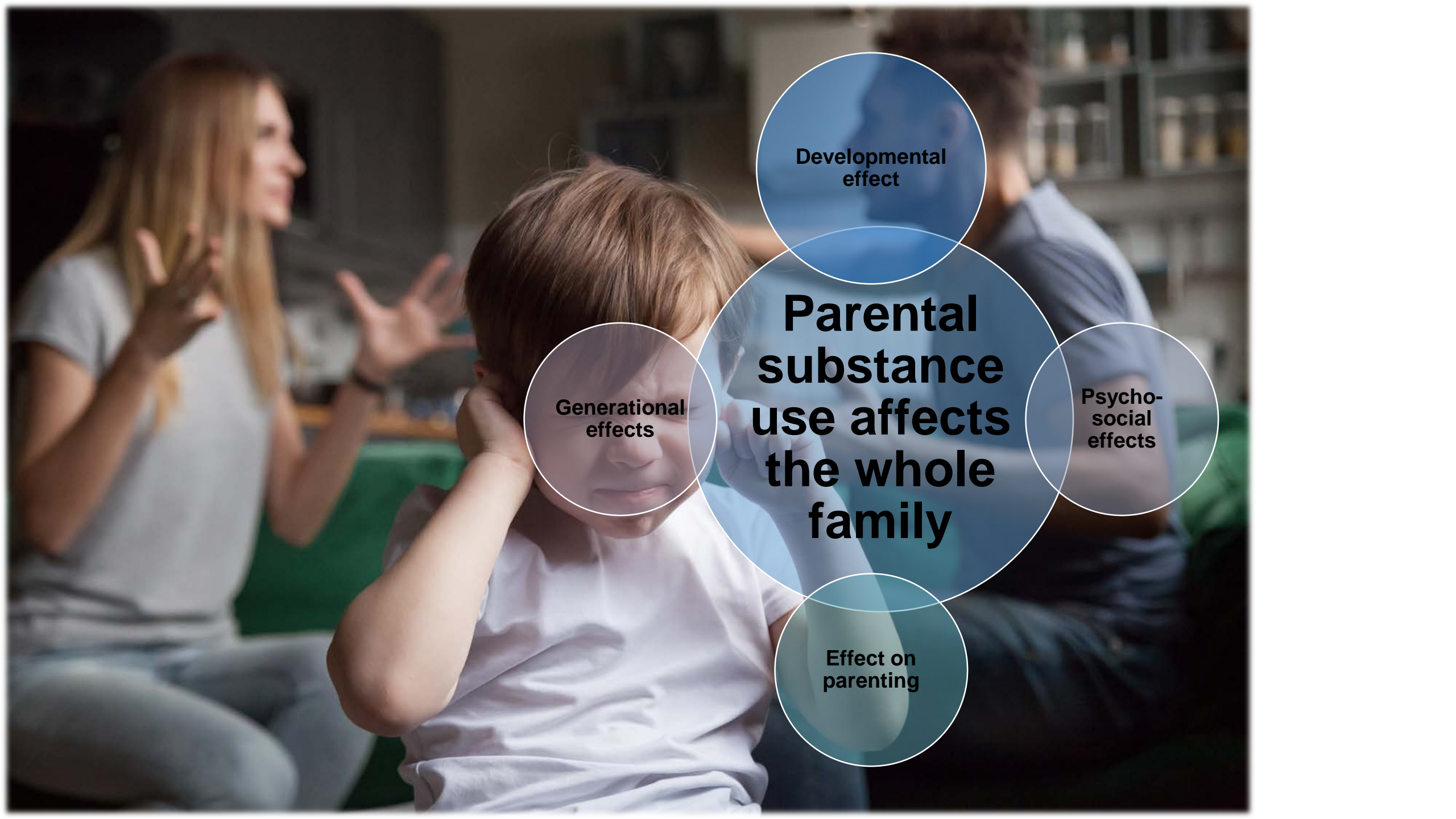


# The Risks of Parental Substance Use Disorders on Children: Alcohol and Illegal Drugs



# The Risks of Parental Substance Use Disorders on Children: Prescription Drugs and Pain Medications





**Developmental  
effect**

**Parental  
substance  
use affects  
the whole  
family**

**Psycho-  
social  
effects**

**Generational  
effects**

**Effect on  
parenting**

# 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

# 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

# Substance Use Disorder Treatment



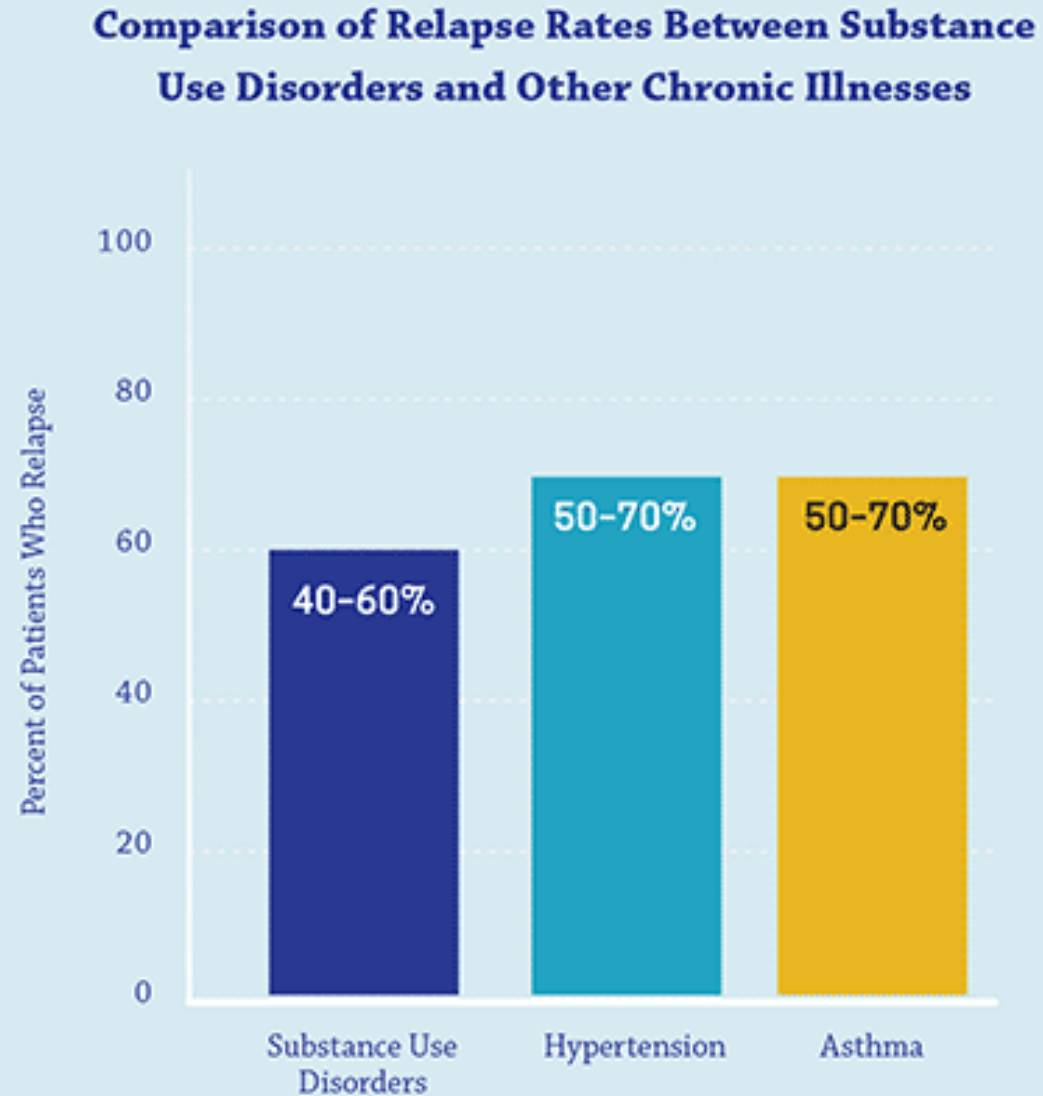
# A Treatable Disease

"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

# Relapse Rates for Chronic Conditions



(McLellan et al., 2000)

# 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

# Diagnosing Substance Use Disorders: DSM-5 Criteria

Severe  
6+ Criteria

Moderate  
4-5 Criteria

Mild  
2-3 Criteria



## 1. Impaired Control

- Larger amounts or over a longer time than originally intended
- Persistent desire to cut down
- A great deal of time spent obtaining the substance
- Intense craving

## 2. Social Impairment

- Failure to fulfill work or school obligations
- Recurrent social or interpersonal problems
- Withdraw from social or recreational activities

## 3. Risky Use

- Recurrent use in situations physically hazardous
- Continued use despite persistent physical or psychological problem that is likely to have been caused or exacerbated by use

## 4. Pharmacological Criteria

- Tolerance: Need for markedly increased dose to achieve the desired effect
- Withdrawal: Syndrome that occurs when blood or tissue concentrations of a substance decline in an individual who had maintained prolonged heavy use

# Overview of the Treatment Process



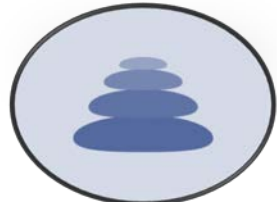
**Early Identification, Screening,  
and Brief Intervention**

Done at earliest point possible



**Comprehensive  
Assessment**

Determine extent and severity  
of disease



**Stabilization**

Via medically supervised detoxification,  
when necessary



**Timely and Appropriate  
Substance Use Disorder Treatment**

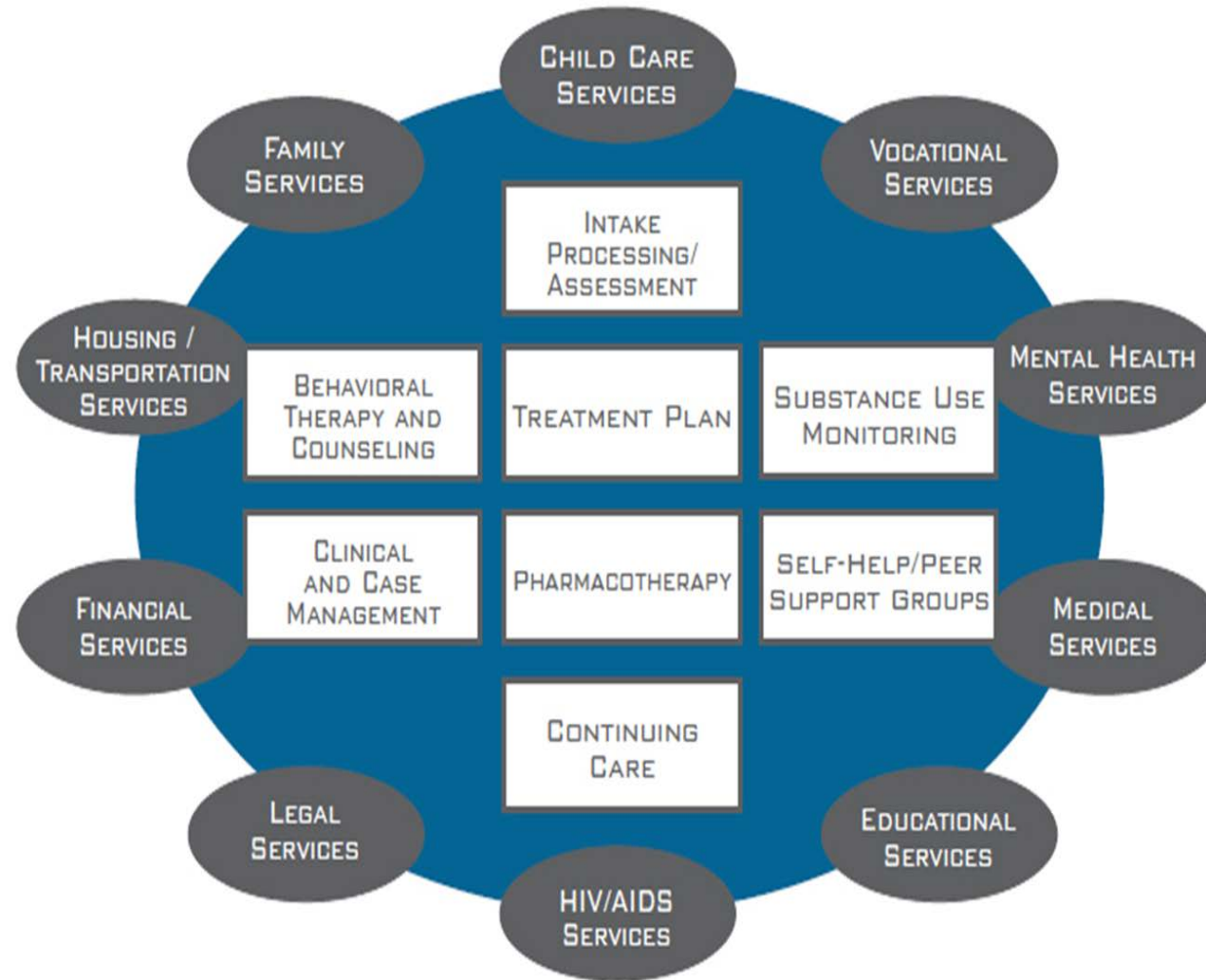
Address substance use disorder and  
co-occurring issues



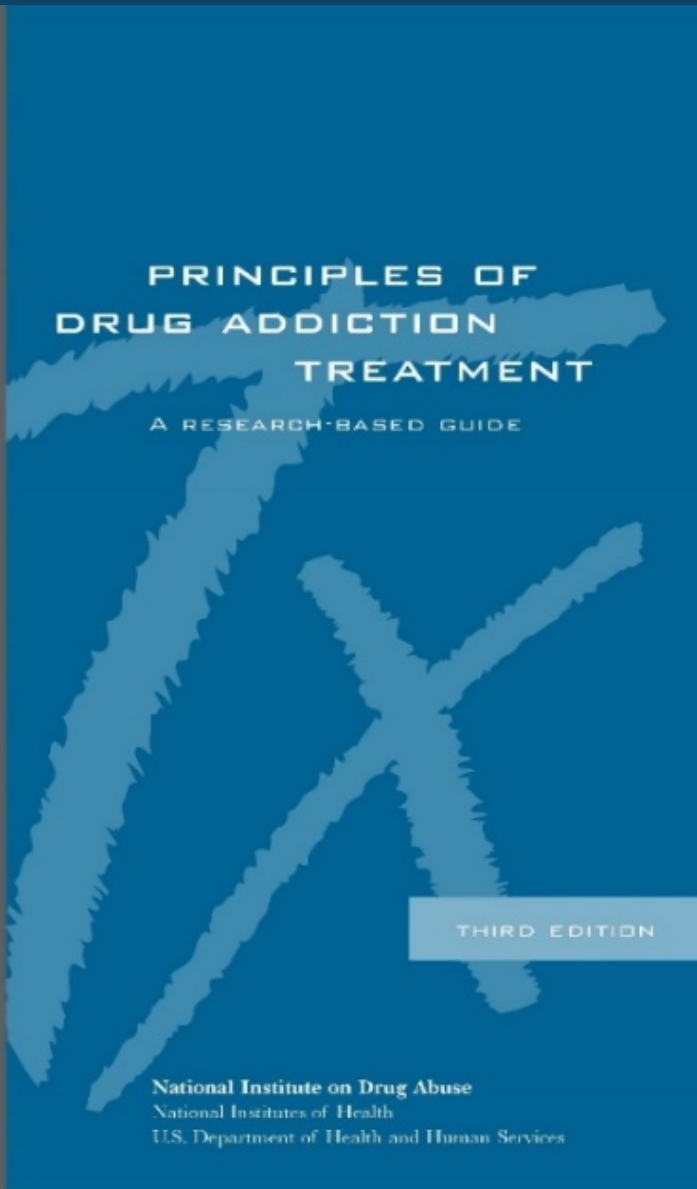
**Continuing Care  
and Recovery Support**

Help parents sustain recovery, maintain  
family safety and stability

# Full Spectrum of Treatment and Services



# Principles of Effective Drug Addiction Treatment: A Research Based Guide

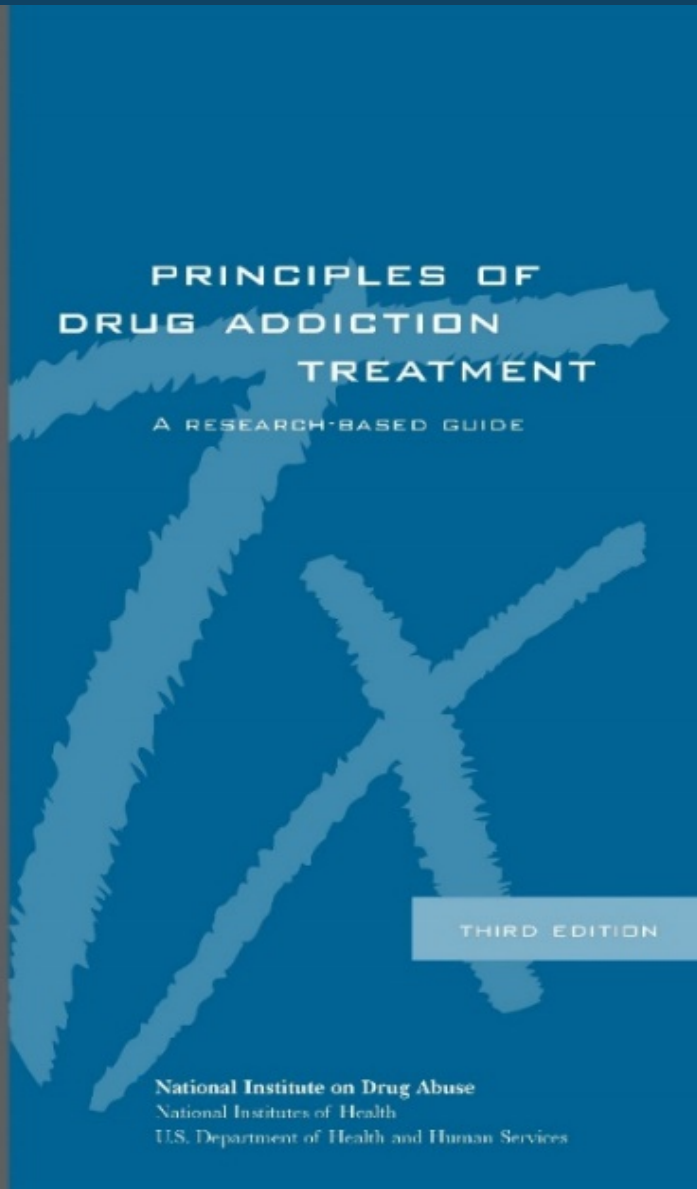


1. Addiction is a complex but treatable disease that affects brain function and behavior
2. No single treatment is appropriate for everyone
3. Treatment needs to be readily available
4. Effective treatment attends to multiple needs of the individual, not just his or her drug abuse
5. Remaining in treatment 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)

# 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





# 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

# 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

# Contact With Children

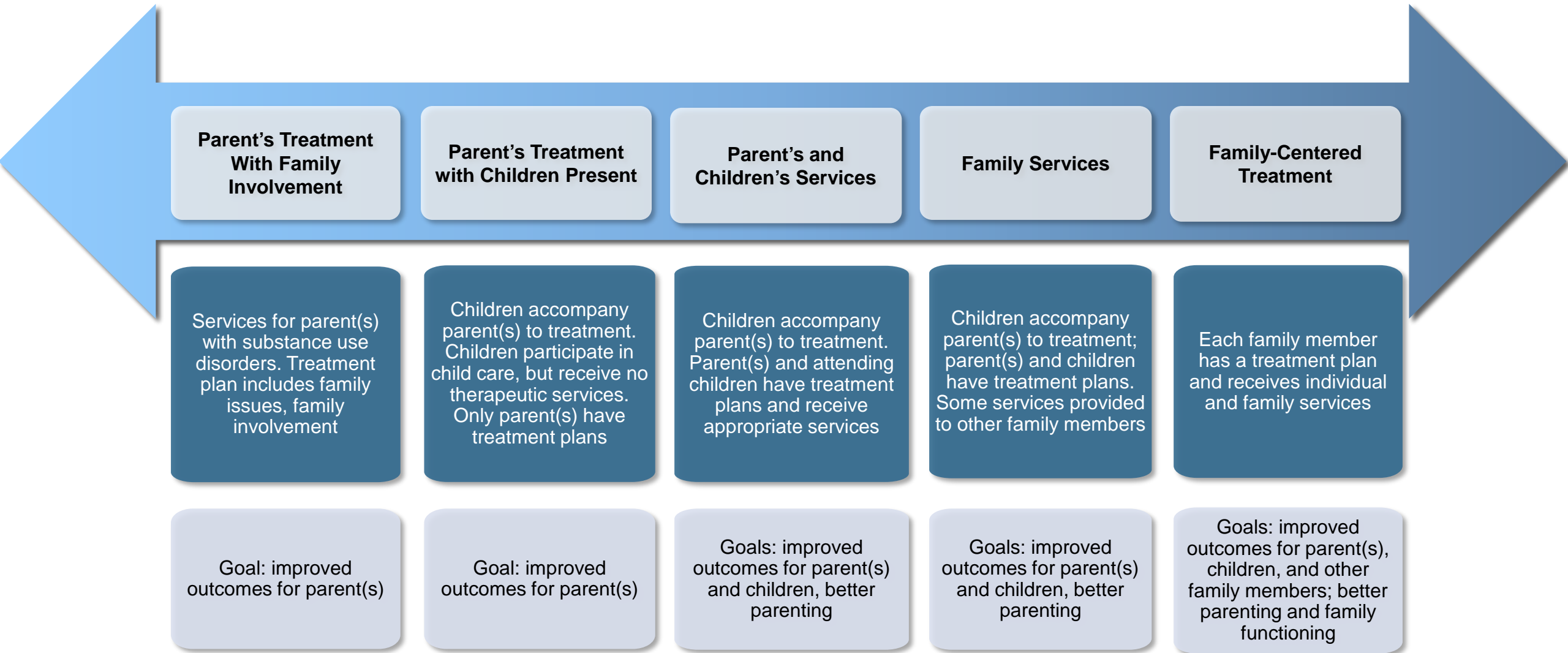
- Parents in treatment may—or may not—see their children
- Visitation is important to children and parents
- Interventions to treat substance use disorders, child neglect, and maltreatment are more effective if family centered
- Prepare children for visits with a parent in in-patient treatment

# 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**

# Continuum of Family-Based Services



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

# Principles of Family-Centered Treatment

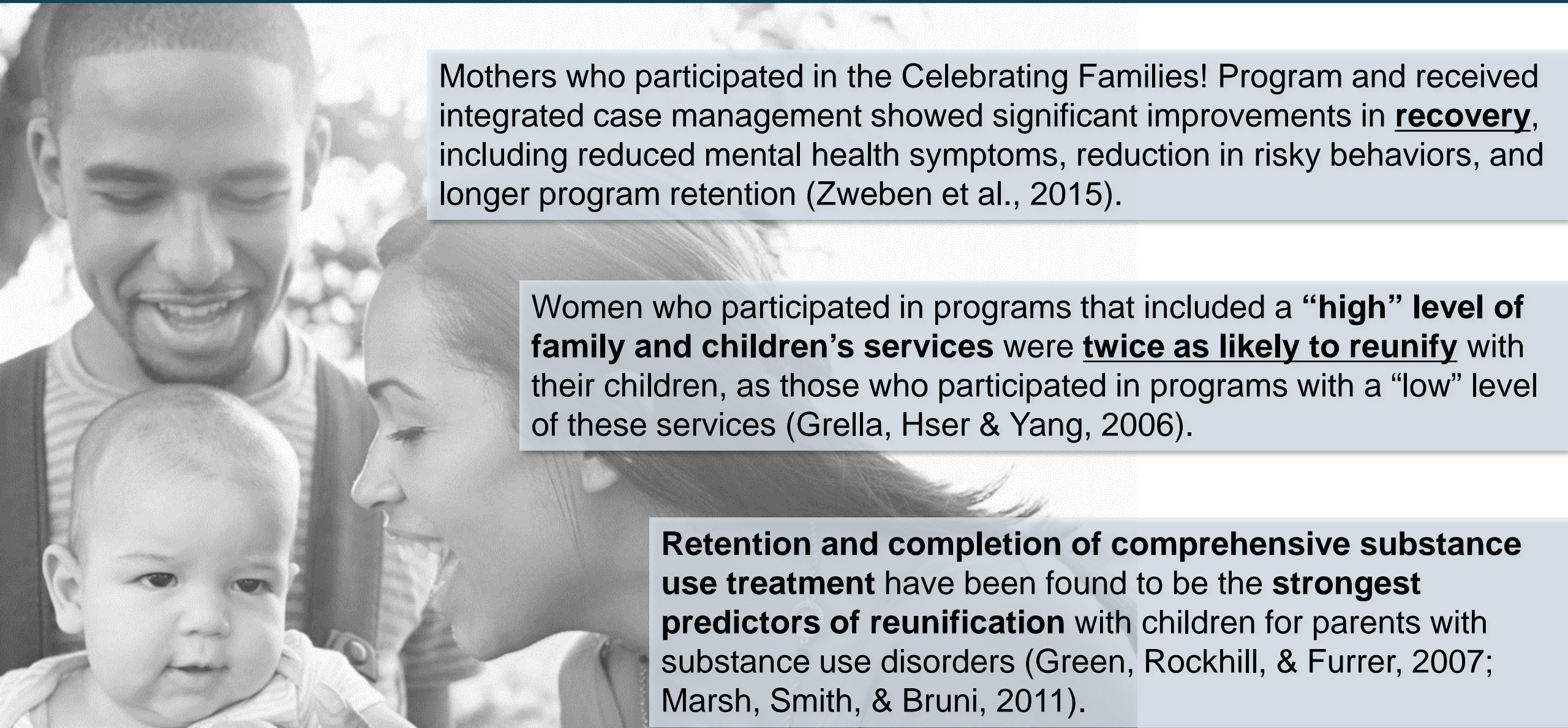
- Treatment is comprehensive and inclusive of substance use disorder, clinical support services, and community supports for parents and their families
- The parent or caregiver defines “family” and treatment identifies and responds to the effect of substance use disorders on every family member
- Families 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

# 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



# 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).



# 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 sends to child welfare regularly.*

# 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

# 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

# The Cultural Context

# 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

# 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

# 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

# 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



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



# 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

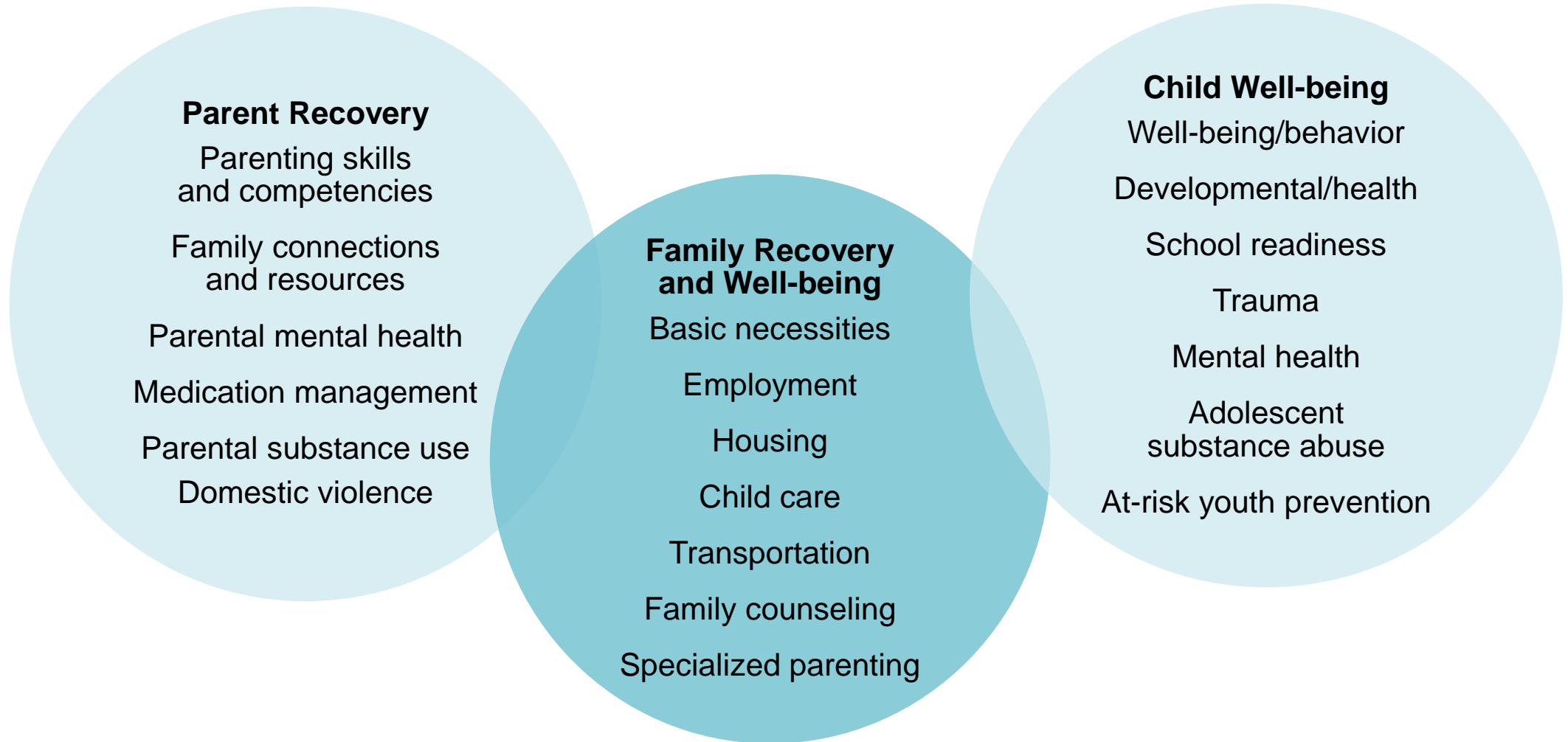
# Focusing Only on Parent's Recovery Without Addressing the Needs of Children...



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

# A Family Focus



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

# Recovery Support

# 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

# 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



# 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

# Functions of Recovery or Peer Support Specialists



## **Liaison**

- Links participants to ancillary supports; identifies service gaps

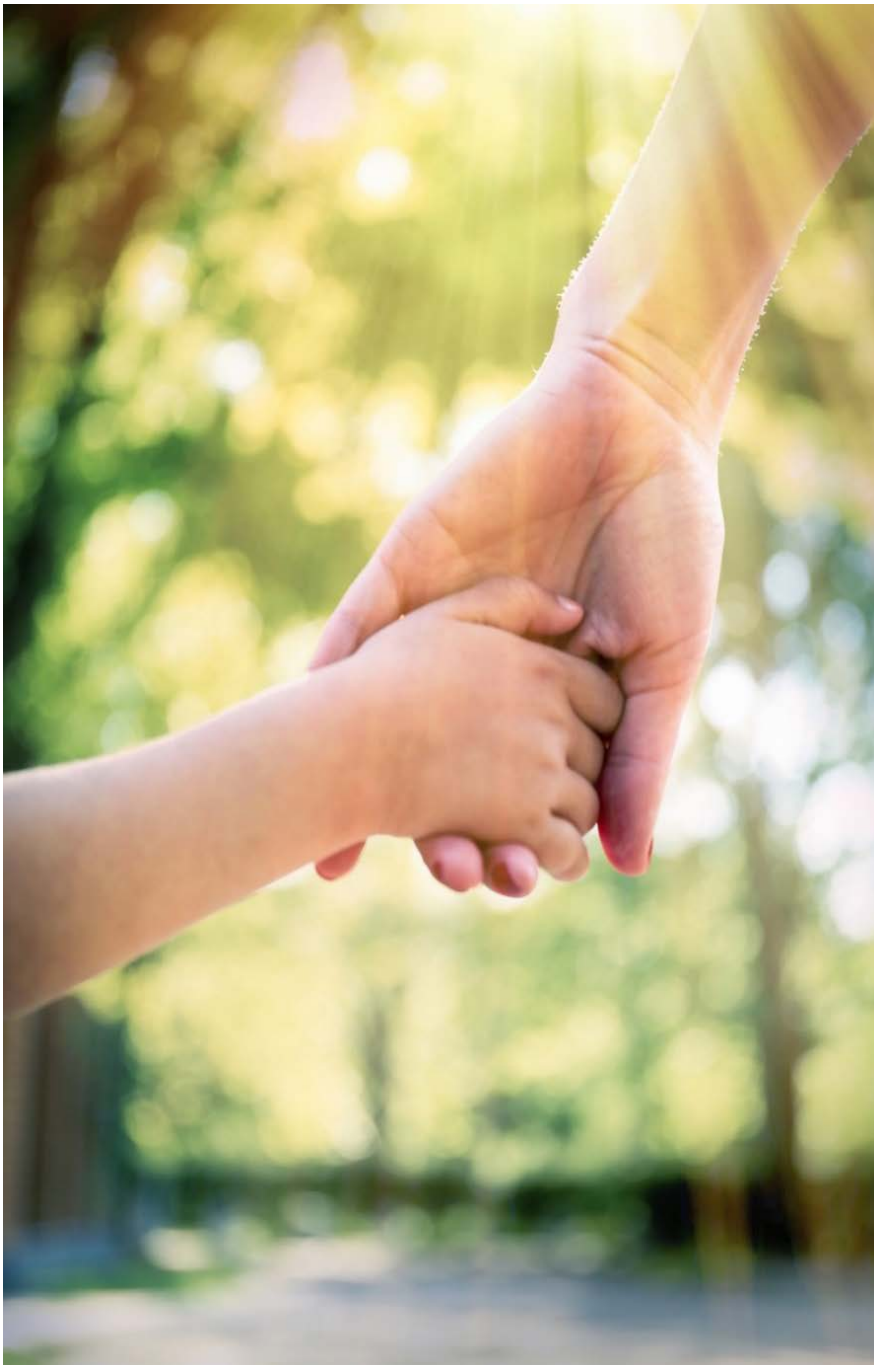
## **Treatment Broker**

- 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





# 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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