National Center on Substance Abuse and Child Welfare

Module 6:

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

Contents

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 6 Description and Objectives

The goal of Training Module 6 is to provide child welfare workers with an understanding of ways in which children can be affected by their parents' substance use and/or co-occurring disorders—from prenatal exposure to the postnatal environment. This module discusses the effects of parental substance use on family dynamics and the care of children. The module provides information on resources to meet the needs of both the parents and children.

After completing this training, child welfare workers will:

- Identify the effects of parental substance use and co-occurring disorders on child development during the prenatal and postnatal period, childhood, and adolescence.
- Recognize the effects of parental substance use or co-occurring disorders on family dynamics and the care of children.
- Discuss the unique needs of children of parents with substance use or co-occurring disorders, including the child's own substance use or co-occurring disorders.
- Explain treatment strategies, systems of care, and support services available to children.

Training Tips

- ✓ Partner with a local child serving agency to co-facilitate the training.
- ✓ Use the *** **bolded** discussion questions integrated in the module talking points to enrich the training and further engage participants.
- ✓ Share or incorporate agency policy and procedures.
- ✓ Highlight child welfare programs in your jurisdiction that have expertise in serving families affected by substance use disorders or that 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

Slide 2

This toolkit was developed by the National Center on Substance Abuse and Child Welfare (NCSACW), an initiative of the U.S. 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).

Slide 3

Learning Objectives

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Slide 4

Collaborative Values Inventory

Strongly Disagree — Disagree — Neutral or Unsure — Agree — Strongly Agree

- Parents with substance use disorders (sometimes called addiction) can be effective parents
- Addiction to drugs is more serious than addiction to alcohol
- Newborns with positive tests for illegal drugs should be removed from their parent's custody
- Parents should be reunified with their children only if they abstain from using alcohol and/or drugs

(Children and Family Futures, 2017a)

Differences in values among participants are important to recognize, as they may come up in the training and can come up with the families who participants are working with. These questions can be asked at the beginning of this training to help participants understand the different values and perspectives that they 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 (CVI),* 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 understand value clarification, instead of debating individual answers to questions. Participants' responses will fall along a continuum.**

Slide 5

Adverse Childhood Experiences: Risk Factors for Substance Abuse and Mental Health
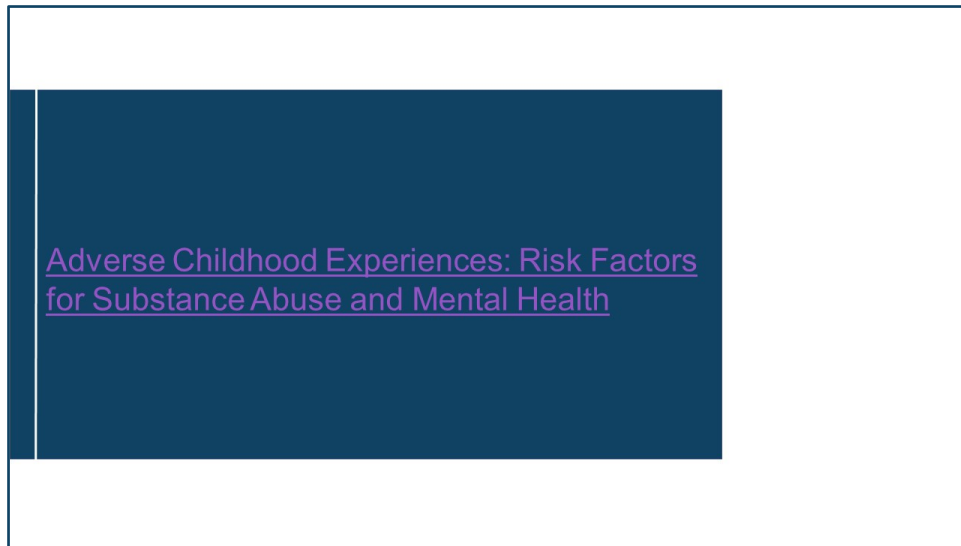
Show this three-minute video to help set the stage for the training. It explains information on adverse childhood experiences as they relate directly to substance use and mental health.

Slide 6

The ACE Study was a longitudinal study that assessed the impact of adverse childhood experiences (or "traumatic" experiences, as we might call them) on future physical, social, and emotional health. Researchers listed 10 types of adverse childhood experiences (or ACEs) in the study.

They found that growing up in a home with adverse experiences had lifelong implications for physical, emotional, psychological, and social outcomes. They also found that individuals who reported experiencing 5 or more ACEs were 7 to 10 times more likely to have problems with illicit drug use, addiction, and IV drug use, and were 2 times more likely to be alcoholics.

The study demonstrated that exposure to traumatic experiences puts a person at risk of future substance use and showed a link between childhood abuse, neglect, and trauma, and future mental health disorders. Recognizing that many of the parents involved in child welfare services also have substance use issues, the ACE Study suggests that it is highly likely that these parents have histories of their own adverse childhood experiences.

It is important to be aware of this linkage when **engaging with parents** involved in the child welfare system—and it is important to **offer them interventions and services** that aid them in recovering from both their trauma and their substance use disorder.

Slide 7
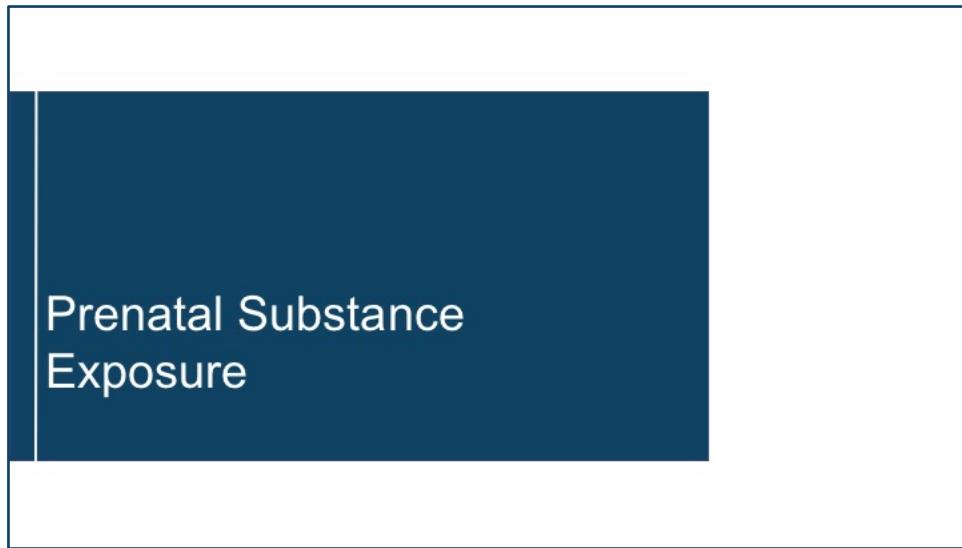
The next few slides look at how children are affected by parental substance use.

Slide 8

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

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

Note: Estimates based on *children who entered out-of-home care (OOHC)* during the fiscal year.   (U.S. Department of Health and Human Services, 2018a)
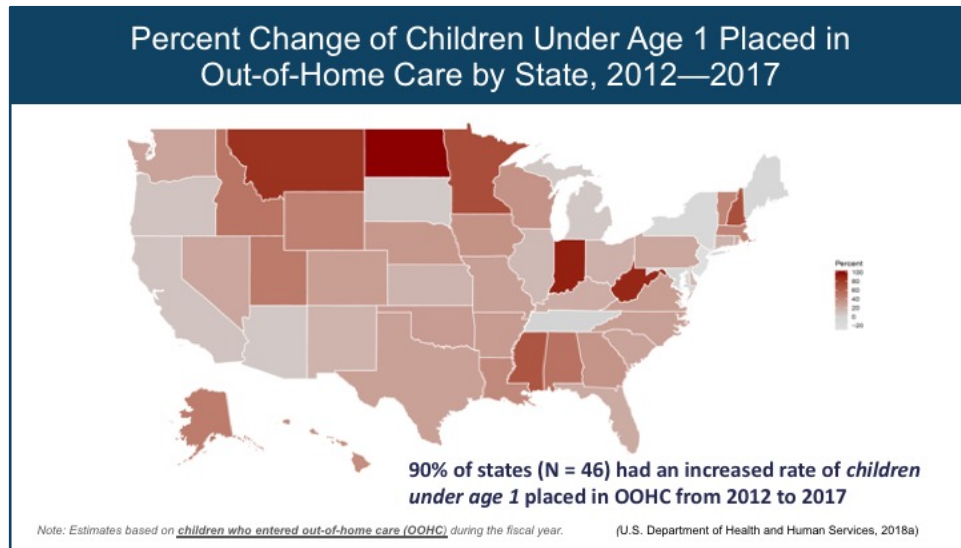
This slide highlights the rate of change from 2012 to 2017 for infants (under age 1) entering out-of-home care across the states. These rates are for all reasons that children enter care.

Slide 9

The following slides look at the effects of prenatal substance exposure.

The American Academy of Pediatrics published a technical report that included a comprehensive review of approximately 275 peer-reviewed articles spanning 40 years (1968–2006). While the article was published in 2013, it is based on articles published up to 2006, so there is still a great deal to learn about how prenatal substance exposure affects infants and children.

Slide 10

Short-Term Effects of Prenatal Substance Exposure

	Growth	Anomalies	Withdrawal	Neurobehavioral
Alcohol	Strong effect	Strong effect	No effect	Effect
Nicotine	Effect	No consensus	No effect	Effect
Marijuana	No effect	No effect	No effect	Effect
Opiates	Effect	No effect	Strong effect	Effect
Cocaine	Effect	No effect	No effect	Effect
Methamphetamine	Effect	No effect	Lack of data	Effect

(Behnke & Smith, 2013)

The trainer may want to point out the withdrawal effect of opiates, but other substances, alcohol in particular, have shown strong effects in the other domains of child development.

Slide 11

Long-Term Effects of Prenatal Substance Exposure

	Growth	Behavior	Cognition	Language	Achievement
Alcohol	**Strong effect**	**Strong effect**	**Strong effect**	Effect	**Strong effect**
Nicotine	**No consensus**	Effect	Effect	Effect	Effect
Marijuana	No effect	Effect	Effect	No effect	Effect
Opiates	No effect	Effect	**No consensus**	**Lack of data**	**Lack of data**
Cocaine	**No consensus**	Effect	Effect	Effect	**No consensus**
Methamphetamine	**Lack of data**	**Lack of data**	**Lack of data**	**Lack of data**	**Lack of data**

(Behnke & Smith, 2013)

Similarly, for alcohol, it is important to note that an effect has been demonstrated in each domain of child development for the longer-term outcomes. This may be attributed to the fact that alcohol has been studied more than the other substances.

It is also important to note the lack of longer-term outcome studies related to methamphetamine exposure.

Slide 12

American Academy of Pediatrics Technical Report: Key Takeaways

- While opioids have a strong effect on short-term withdrawal symptoms, other substances—such as alcohol, cocaine, marijuana, and nicotine—show more effects on long-term outcomes
- Prenatal exposure to alcohol has effects in 9 of 10 domains studied, including short-term/birth outcomes and long-term outcomes
- There are some substances and outcomes for which there is not consensus or not enough data to determine consensus

(Behnke & Smith, 2013)

It is important to note that very few individuals use one substance at a time, so it is difficult to parse out the effects by substance. The point of sharing this data is not to compare across substances but to point out similarities in some developmental domains, to recognize that more research is needed, and to understand polysubstance use should be expected when looking at developmental outcomes.

For more information on perinatal substance use disorder impact, please see the module *Special Topic: Understanding Prenatal Substance Exposure and Child Welfare Implications.*

Slide 13

Complex Interplay of Factors

Interaction of various prenatal and environmental factors:

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

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

Many factors influence how an infant is affected by prenatal and postnatal exposure to substances, not just the physical exposure to the substance in utero. Screening and assessing families helps us better understand the effect of parental substance use disorder on infants and children.

***Looking at the factors listed on this slide, use flip chart paper to highlight each category. What are the types of information under each category that participants would want more information from families to help understand how an infant might be affected by the prenatal or postnatal environment? For example, under Family Characteristics, participants might want to gather information about the living situation, substance use or co-occurring challenges among family members in the household, and family supports in place.**
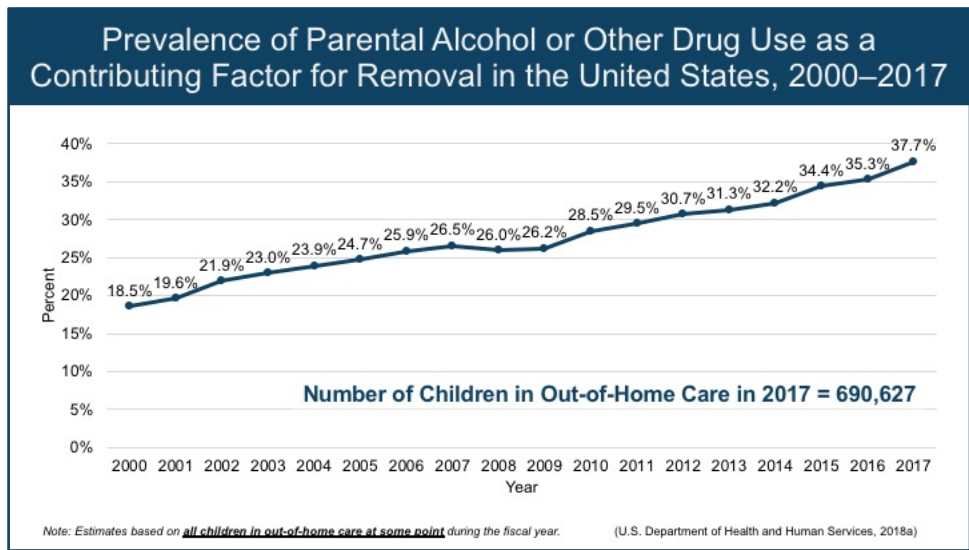
Continue to make a list of the types of information needed under each category.

Slide 14

Effects of Parental Substance Use Disorders on Children

The next few slides talk about the effects of parental substance use disorders on infants and children.

Slide 15

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

Number of Children in Out-of-Home Care in 2017 = 690,627

Note: Estimates based on **all children in out-of-home care at some point** during the fiscal year.   (U.S. Department of Health and Human Services, 2018a)

This slide represents the percentage of children in out-of-home care (OOHC) during the fiscal year in which parental alcohol or other drug use was a contributing factor for removal.

While it does appear that the percentage of cases with parental alcohol or other drug use has been increasing over the past 15 years, it is important to note that part of this increase could be due to better identification, data collection, or worker training, and may not all be attributable to an increase in substance use disorders. Additionally, in this data collection tool, multiple reasons for removal can be listed and, in some jurisdictions, only the first identified reason may be included in the data set. For cases in which parental alcohol or other drug use is identified as a factor later in the child welfare case or in conjunction with other factors, it may not be represented in the number presented here.

Prevalence of parental alcohol or other drug use as a contributing factor for removal within a given amount of time is helpful in understanding the "burden to the system" at a given time. Prevalence is directly affected by the duration of event, so if the event is long, the prevalence may appear high even if there aren't new cases occurring (it's harder to see changes over time with longer-lasting events unless there is an extreme influx/exit during the event).

Explanation of data presented: The percentage of children in OOHC who had alcohol or other drug use listed as a reason for removal (there can be more than one reason listed for removal). In 2017, there were 690,627 children in OOHC and 258,770 with parental alcohol or other drug use as a contributing factor for removal.

Slide 16

Effects of Parental Substance Use on Children

Children of parents with substance use disorders tend to:

- Stay in the foster care system longer than children of parents without substance use disorders
- Have a lower likelihood of successful reunification
- Have behavioral challenges and become "parentified"
- Struggle in school
- Show developmental delays
- Lack medical care or immunizations

(Breshears, Yeh, & Young, 2009; Child Welfare Information Gateway, 2014; Solis, Shadur, Burns & Hussong, 2012)

Parental substance use and co-occurring disorders can negatively affect the ability of parents to provide a stable and nurturing home environment. Parents with substance use and co-occurring disorders have a lower likelihood of successful reunification with their children, and their children tend to stay in the foster care system longer than children of parents without substance use disorders.

The chronic, ongoing nature of these disorders can affect the likelihood of parents successfully reunifying with their children.

Children can exhibit behavior changes, both by being aggressive and by acting out or experiencing a shift in roles within the household. Children can become "parentified," where the child takes care of the parent or other children in the household.

Children can have difficulty in school or have trouble getting to school. Development delays or challenges may go unnoticed or may not be addressed.

Children may lack appropriate medical care or have other unmet health needs.

Effects of Parental Substance Use on Children

Typical experiences of children whose caregivers use substances include:

- Chaotic, unpredictable home life
- Inconsistent parenting and a lack of appropriate supervision
- Inconsistent emotional responses from parents to children
- Physical or emotional abandonment of children by parents
- Secrecy about home life
- Parental behavior that may make the child feel guilt, shame, or self-blame

(Substance Abuse and Mental Health Services Administration, 2004)

Children may have lived in family environments that don't have adequate resources to meet their needs. Relationships with or support from their parents may be inconsistent. They may not have the steady presence of caregivers. The following are examples of typical experiences of children whose primary caregiver has a substance use disorder:

- The home life may be chaotic and unpredictable.

- There may be inconsistent parenting and a lack of appropriate supervision.

- Substance-using adults may provide inconsistent emotional responses to children, or they may provide inconsistent care, especially to younger children.

- Parents may have abandoned children physically and emotionally.

- Parents may emphasize secrecy about their home life.

- Parental behavior may make the child feel guilt, shame, or self-blame.

- Parental behavior may frighten children and may result in physical harm.

Slide 18

Effects of Parental Substance Use on Children

Due to their life experiences, children may have developed particular feelings, such as:

- Believing they have to be perfect
- Believing they have to become a parent to their parent
- Difficulty trusting others
- Difficulty maintaining a sense of attachment
- Difficulty achieving positive self-esteem
- Difficulty achieving autonomy
- Extreme shyness or aggressiveness

(Akin et al., 2018; Dickes et al., 2018)

Each child will react to life experiences in unique ways, but these are common experiences observed in, or reported by, children growing up in homes with parental substance use. Child welfare workers need to be aware of these possibilities and, in working with each child, be keenly aware of evidence suggesting that any of these responses have taken place.

Learn more at the National Association for Children of Alcoholics (NACOA) website.

Slide 19

Effects of Parental Substance Use on Children

- A child who grows up in an inconsistent or changing environment, or an environment that provides limited guidance, is at greater risk for experiencing difficulties with interacting successfully in the community as they grow up.

- These difficulties may include:
  - Resistance to rules or authority
  - Experimentation with or use of alcohol or other drugs
  - Social withdrawal
  - Difficult relationships with peers, adults, and others

(Hong & Park, 2012)

Assessing the needs of children whose parent has a substance use disorder can provide early access to services to support a child's development and provide emotional help.

Slide 20

Effects of Parental Mental Health Disorders on Children

As with a parent with a substance use disorder, the overall effect of a parent's co-occurring or mental health disorder on a child's development, well-being, and safety can vary based on many factors.

Parental Mental Health Disorders: Prenatal Impact

Genetics:

• A predisposition for certain mental health disorders may be inherited; when inherited, it increases the risk for the child

Prenatal physical development:

• This depends partly on the health and care of the mother, which may be affected if the mother has a mental health disorder

Perinatal trauma:

• The birth experience may impact child health, regardless of parent status

(Neggers, Goldenberg, Cliver & Hauth, 2006)

Certain *genes*, passed from parent to child, increase the chances that a parent with certain mental health disorders may pass the predisposition for such disorders to some or all of their children. Not all children of parents with mental health disorders receive such genes, and not all with those genes manifest mental health disorders.

Prenatal physical development is in great part dependent on the health and behaviors of the mother carrying the developing child. Her nutrition, use of drugs or alcohol, physical activity, and emotional states may all affect the developing fetus, especially the development of the nervous system. For example, untreated prenatal depression is associated with poor birth outcomes, including low birthweight, premature birth, and obstetric complications.

The *perinatal or birth experience* itself may have traumatic consequences on the child's development, from such experiences as prolonged or premature labor, head injury, or medications for the mother.

All of these factors may influence a child's development, well-being, and safety. Gathering this information as part of the assessment process can help the child welfare worker connect children to needed services to support overall healthy development.

Slide 22

Risk Factors for Children

Children of parents with mental health or co-occurring disorders are at an increased risk of the following:

- Exposure to violence and trauma
- Poverty
- Neglect
- Housing and custodial instability

- Mental health or substance use disorders
- Developmental delays
- Stigma and isolation
- Parentification

(National Abandoned Infants Assistance Resource Center, 2012)

This slide highlights potential risks to children of parents with mental health or co-occurring disorders.

- Children can be exposed to violence and trauma in their household.

- Parents may have difficulty finding or keeping employment, leading to financial stress. Parents may also spend money to support their alcohol or drug use and may then not have enough resources for basic necessities.

- While parents are coping with their disorders, they may neglect their children.

- Children may experience homelessness or a lack of stable housing related to their parents' co-occurring disorder.

- Children are at higher risk of developing a mental health or substance use disorder themselves.

- Young children may experience developmental delays due to prenatal substance exposure or parental neglect.

- Children can also feel isolated and unsure of how to ask for help.

Slide 23

This can be done as a large group, or participants can be broken into smaller groups for this exercise.

Slide 24

**Substance Use or Co-Occurring Disorder:
Examples of Risks to Children**

- Driving with children in the car while under the influence
- Leaving child in an unsafe situation—with an inappropriate caretaker or unattended
- Neglecting or sporadically addressing the children's needs for regular meals, clothing, and cleanliness
- Providing inadequate supervision even when at home
- Behaving inconsistently toward children, such as a pattern of violence followed by remorse
- Using household funds to buy alcohol or other drugs, while other necessities such as food are neglected
- Lacking the ability to prioritize children's needs (such as medical or educational needs) over his or her own needs

Here are some examples of how a parent's substance use or co-occurring disorder can create risk to children.

***How did this compare to the list the participants came up with?**

Slide 25

Considerations of the Effects of Parental Substance Use and Co-Occurring Disorders on Children

Potential for delayed development:
• When the environment disrupts physical, emotional, social, or educational development

Understanding the child's needs:
• Work with substance use disorder and mental health treatment professionals

Educating children:
• Help children understand substance use and mental disorders in nonjudgmental and supportive terms (define the disorder, not the person)

(National Abandoned Infants Assistance Resource Center, 2012)

It is important to keep the following considerations in mind when working with families affected by substance use and/or co-occurring disorders:

- The potential for *delayed child development*. Each child is on an individual development path. But children of parents with substance use and/or mental disorders may not progress through normal child developmental milestones. Their family experiences can interfere with typical physical, emotional, and educational development.

- Understanding *the child's needs* while a parent is in treatment. Child welfare workers understand the importance of providing assistance and support to children and youth. They know to address children's developmental needs in the context of potential separation and loss of parents, abuse or neglect, and potential experiences with trauma.

- *Educating children* about substance use and mental health disorders. Child welfare workers must help children develop a foundational understanding about substance use and mental health disorders in terms that are nonjudgmental and supportive. Information must be conveyed in a way that defines the disorder, **not the person**, and that leads to the child's hopefulness about the possibilities for recovery.

Slide 26

Meeting the Needs
of the Child

Slide 27

Screening and Assessment of Children's Needs

Children reach milestones in how they play, learn, speak, act, and move (crawling, walking, etc.). The Centers for Disease Control and Prevention has put together fact sheets by age on the developmental milestones: https://www.cdc.gov/ncbddd/actearly/milestones/index.html

Child welfare workers can help identify problems early so a child can receive interventions to support healthy development.

- During a home visit, be aware of a child's:
  - Development outside typical expectations
  - Behaviors, emotions, and relationships
- Ask the parent about their child's growth and development
- Contact the child's pediatrician to ask about the child's development
- If you identify concerns, refer the child for a developmental assessment

(Centers for Disease Control and Prevention, 2018; Henderson, Chaim, & Brownlie, 2017)

Child welfare workers need to have some general understanding of developmental milestones. When on a home visit, a child welfare worker should observe the child for any concerns. Contact the child's pediatrician to ask about the child's development. Ask the parent about their child's development.

Child welfare workers should observe the child for any concerning behaviors or emotions and refer the child for further assessment.

For a list of developmental milestones by age, see: https://www.cdc.gov/ncbddd/actearly/milestones/index.html. Go through the quiz on the website with participants to highlight different developmental milestones.

Developmental screening tools include:

- Ages and Stages Questionnaire—3rd Edition
- Ages and Stages Questionnaire—Social-Emotional
- Brigance Screens
- Developmental Assessment of Young Children—2nd Edition
- Early Screening Profiles
- FirstSTEp Screening Test for Evaluating Preschoolers
- Learning Accomplishment Profile—Diagnostic Screens
- Parents' Evaluation of Developmental Status
- Parents' Evaluation of Developmental Status—Developmental Milestones

***Highlight your agency's policy and local resources around screening and assessing children's developmental needs.**

Slide 28

Assessment of Children

- Use child-trained professionals to conduct assessments
- Consider the following assessment areas:
  - Mental health
  - Trauma
  - Substance use
  - Development
  - Education
  - Medical
- Seek input from parents, caregivers, and other family members and involve them in the assessment process

(Capacity Building Center for States, 2017; Young et al., 2006)

A professional with training and experience with children and adolescents should conduct assessments for a child or adolescent to determine any treatment needs of the child, including those in the areas of mental health, substance use, trauma, educational, medical, or developmental services.

Primary caregivers are very important when discussing children's needs because they can provide historic and contextual information, as well as expertise gained from providing care. This especially includes parents who may not currently have custody but for whom reunification is a case plan goal, and it may also include foster parents. Diagnosis and recommendations for care should be discussed with primary caregivers to determine the most effective plan of care for a child with needs.

Slide 29

Effective Care Strategies for Children and Families

Child welfare workers should use the following strategies to ensure that children receive necessary and appropriate services:

- Meaningful family involvement
- Close cooperation between service providers
- Exploration through further assessment
- Child-specific planning teams
- Peer-support strategies
- Family advocacy services

(Walsh et al., 2018)

The following are strategies to become familiar with to ensure that children receive necessary and appropriate services:

- *Meaningful family involvement*— A child's needs are better met when people whom the child considers "family" participate in planning, delivering, and evaluating services. But parents and other caregivers are not always well-prepared to participate meaningfully in system processes. Sometimes child welfare workers need to focus their efforts on educating and encouraging parents to be involved in these activities. The child welfare worker can help parents to understand:
    - o What is expected of them?
    - o What are their child's needs?
    - o Who will participate in the meeting?
    - o How will questions be asked?
    - o What questions will be asked?
    - o What will happen by the end of the meeting?
    - o What responsibilities will be given to whom by the meeting's end?
    - o What decisions might the parents have to make during the meeting?

- *Close cooperation with other service providers*—Service providers and parents will need to work together to address the needs of children, and both may need to cooperate with other service providers to address a child's needs. A child welfare worker has an important role in cooperative practices and is likely to need help from others with different skills and knowledge if the care of each child is to be successful.

- *Exploration through further assessment*—A main objective of this curriculum is to help child welfare workers understand when and how to seek additional assessments for parents of children involved in the child protection system, but the same strategy is important for children with possible disorders.

- *Child-specific teams*—For children and/or families with multiple or complex needs, you will have the best outcomes if you can work with a child-specific team, bringing

together people who are important to the child, including informal family supports and professionals with specific, relevant expertise or responsibilities. If possible, a single, integrated plan should be created to address all system requirements.

- *Peer-to-peer strategies*—Current best practices recognize that peers can accomplish things a professional, paraprofessional, or family member can't. Someone who is "similar" or who can "speak the same language" can provide support to a person with a substance use or mental disorder that is unobtainable from anyone else. Children and parents alike may benefit from peer support.

- *Family advocacy*—Parents, caregivers, and other family members benefit when they have advocacy—or support—that is available and accessible to them. Each person connected to a helping system can advocate in different ways.

Slide 30

Special Consideration: Prenatal Substance Exposure

Laws, Policies, and Procedures
- Healthcare providers must notify child welfare of newborns identified as affected by substance exposure

Child Abuse Prevention and Treatment Act (CAPTA)
- Plan of safe care

State Responses
- Requires a collaborative response among state agencies such as maternal and child health, children's mental health, early childhood, home visiting, and child welfare

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

Infants with prenatal substance exposure are a vulnerable population, and the Child Abuse Prevention and Treatment Act (CAPTA) has been amended to include specific information to address the needs of these infants and their caregivers.

Every state must operate a statewide program for child abuse and neglect that has two components for prenatally exposed infants: *policies and procedures*, and *a plan of safe care*.

States must develop *policies and procedures* (including appropriate referrals to child welfare systems and referrals for other appropriate services) to address the needs of infants who are identified at birth as affected by substance exposure or who have withdrawal symptoms resulting from prenatal substance exposure and their affected caregivers. These policies and procedures must require healthcare providers involved in the delivery or care of these infants to notify the child welfare system about these infants (although not necessarily in the form of a child abuse or neglect report, or to prosecute the caregivers).

States must also develop a *plan of safe care* for any infant born and identified as being affected by substance exposure or withdrawal symptoms.

CAPTA also requires that the needs of their caregivers are addressed. These referrals don't assume child abuse or neglect, but they may indicate a potential problem. Screening and developmental assessments will determine if individual children need medical and developmental interventions in addition to assurance of their safety. For more information, see the Children's Bureau Information Memorandum at the following link https://www.acf.hhs.gov/cb/resource/im1605.

***Highlight specific information from your county/state policies and procedures on how newborns with prenatal exposure are identified and how your agencies respond to these infants.

For further information on infants with prenatal substance exposure and plans of safe care, please see the toolkit module *Special Topic: Understanding Prenatal Substance Exposure and Child Welfare Implications.*

Slide 31

Special Consideration: Prenatal Substance Exposure

Treatment and Safety Plans
- Treatment and safety plans linked through an interagency protocol

Interagency Protocols
- Describe information that child welfare, substance use disorder treatment, and other agencies will share about a family's history

In-Home Services
- Home-visiting services

Referrals
- Developmental screening and assessment
- Eligibility for services based on prenatal substance exposure, not type/severity of developmental delay

(Substance Abuse and Mental Health Services Administration, 2016)

States are developing many promising practices to respond to the issue of infants with prenatal substance exposure and the needs of their families.

Some promising practices to consider are listed below:

- Coordinated treatment and safety plans
    - o Coordinate with treatment providers on the development of a substance use treatment plan that is linked with a formal safety plan.

- Interagency protocols
    - o Information covered by protocols can include such things as prior births of infants with prenatal substance exposure to the same mother, information on prenatal care, and prior child welfare reports for abuse or neglect.

- In-home services
    - o Home-visiting services can be used to help develop mother-child attachment and parenting skills, explain the benefits of quality child development services, educate parents about good nutrition, and provide information about family income support programs available for parents of children with special needs.

- Automatic referrals for developmental screening
    - o The Child Abuse Prevention and Treatment Act required states to develop "provisions and procedures for referral of a child under age 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C of the Individuals with Disabilities Education Improvement Act."
    - o Some states have automatic eligibility for developmental services for infants with prenatal substance exposure.

***Highlight your community's response to infants with prenatal substance exposure, including available services.

Slide 32

Developing Support Systems for Children: Screening and Referral

When developing support systems for children, child welfare workers need to do the following:

- Ensure that the child receives a comprehensive assessment (e.g., through the Early and Periodic Screening, Diagnostic, and Treatment service)
- Make referrals to community agencies to support identified needs
- Link foster parents to training on the effects of prenatal substance exposure or postnatal family environments

When developing support systems for children, child welfare workers need to ensure that the child receives a comprehensive assessment that will give insight into developmental progress, the neurodevelopmental effects of any prenatal substance exposure, learning disabilities, and health and mental health needs. They can access these services through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service. EPSDT is a comprehensive and preventive child health program for individuals under the age of 21 who receive Medicaid benefits. It is designed to ensure periodic screening, vision, dental, and hearing services. It also requires that certain medically necessary healthcare services be provided to an EPSDT recipient even if the service is not available under the state's Medicaid plan to the rest of the Medicaid population.

To learn more about EPSDT, visit the Centers for Medicare & Medicaid Services website.

It is critical that children receive services to intervene and treat the effects of parental substance use or child abuse and neglect. These services are often delivered by a variety of agencies and disciplines through agreements with the child welfare agency. When making a referral to these agencies, child welfare workers should include information about any observed or identified effects of parental substance use.

Informing foster parents about identified concerns is critical to responding to the special needs of the child. In fact, foster parents may require special training regarding the neurodevelopmental effects of prenatal substance exposure or postnatal family environments, including exposure to violence, so that they can provide effective caregiving.

Slide 33

Gather and Maintain Information

Child welfare workers should have access to the following services:

- Individual counseling services for children with mental health or substance use concerns
- Substance use prevention and early intervention programs
- Support groups for children of parents with substance use disorders
- Medical screenings and care for physical conditions associated with learning, development, and stress

(Child Welfare Information Gateway, 2018)

Child welfare workers can support families by gathering and maintaining information about community prevention, early intervention, and treatment services provided by mental health and medical systems, schools, childcare programs, and community-based organizations. In particular, child welfare workers should have ready access to the services that are listed below:

- Individual counseling services for children with mental health or substance use problems.

- Substance use prevention and early intervention programs to help children and youth develop healthy lifestyles that do not include the use of alcohol and other substances.

- Support groups, such as those offered by Children of Alcoholics, Alateen, or Alanon, to assist children with the behavioral consequences of having parents who use substances, including self-blame, guilt, and parenting the parent.

- Medical screenings and care to address physical conditions associated with learning, development, and stress.

Slide 34

Child welfare workers should also have access to:

- Ongoing, daily, quality childcare that addresses the child's developmental needs. This could be care from kin, foster care, or childcare programs.

- Available resources for counseling and other service referrals for children whose families are in recovery and who have returned home, to ensure that the children continue to have access to ongoing support.

- Appropriate medical or child developmental services for children with medical or learning disability needs.

Slide 35

Developing Support Systems

It is part of the child welfare worker's job to:

- Help children develop a supportive, nonjudgmental understanding of substance use and mental disorders
- Develop a parent-child visitation program that helps children understand what is occurring in their lives and promotes a safe, positive relationship with parents, if part of the permanency plan

An important part of your job is helping children develop an understanding of substance use and mental health disorders that is supportive and nonjudgmental. This means that information about their parent's substance use or mental disorder must be conveyed in a way that defines the disorder, not the person, and is appropriate to the developmental stage and age of the child. Children can be referred to professionals to support this understanding.

When a child welfare worker discusses a parent's substance use or co-occurring disorder, they should provide information without their own feelings or attitudes.

In addition, if it is appropriate to the permanency plan, try to develop an effective visitation program between parents and children that will help the children understand what is going on in their lives and that will give them an opportunity to maintain a relationship, safely and positively, with their parents.

Slide 36

> ## Talking With Children About a Parent's Disorder
>
> - "Your parent's substance use (or mental health) disorder is a disease that may cause them to lose control or do things that do not keep you safe or cared for."
> - "You are not the reason your parent has a disorder."
> - "There are a lot of children like you. You are not alone—and there is no reason to feel embarrassed."
> - "Who can you trust who you might talk with about your concerns—a teacher, a close friend, an adult in your family?"
>
> (National Association for Children of Alcoholics, 2018)

Discussions about a parent's substance use (or mental health) disorder must take the child's age and development into consideration. A child welfare worker can help the foster parent or kinship care provider talk to the children in their home about the parent's substance use or dependence or mental health disorders. That said, the four talking points on this slide can be used to help guide these discussions:

- Substance use and mental health disorders are largely based on physical disease processes. It is important to explain to the child that their parent is not a bad person. She or he has a disease or an illness. It is also important to explain that the use of alcohol or other drugs may cause their parent to lose control. When a parent drinks or uses substances or experiences a mental health disorder, they may behave in ways that do not keep the child safe.

- A child welfare worker can tell the child, "You are not the reason your parent drinks or uses drugs or has a mental health disorder. You did not cause this disease. You cannot stop or fix your parent's disorder."

- It is important for children to realize that they are not alone. A child welfare worker can say, "There are a lot of children like you. In fact, there are millions of children whose parents are addicted to drugs or alcohol or have a mental health disorder. Some are in your school. You are not alone."

- A child welfare worker can help the child come up with a game plan. He or she can say, "Let's think of people you might talk with about your concerns. You don't have to feel scared or ashamed or embarrassed. You can talk to your teacher, a close friend, or to an adult in your family that you trust."

It can be helpful to keep questions like this on a small card as a reminder of these important points when talking with a child.

Slide 37

Little Voices—Big Impact

Safety Planning With Children

- Encourage and support conversations between parents and children about substance use disorders, treatment, recovery, and relapse
- Provide children with developmentally appropriate answers and explanations
- Empower children to help set rules for their "Safety House" and tell parents who they do and don't want around
- Help children identify who is safe to call if they are worried about mom and dad
- Mom and dad give permission to kids to "tell on them" if they don't feel safe
- PRACTICE!!

(Parker, n.d.)

It is important to include the child's voice and perspective in assessing family needs and services.

- Explain where mom and dad go every week.

- Do not use "sick" language, so kids don't think they will be removed if their parents get a cold.

- Remember how children "fill in the blanks" at their development level when adults don't give them explanations.

This tool is called the Safety House—ask the child different questions for each part of the house.

- Who lives in your safety house? Who visits your safety house?

- Who does not live in or visit your safety house?

- What rules exist in your safety house?

This is a great way to talk about safety (safe people, safe rules, safe places) with the child, and use this conversation to talk with the parents about creating safety in the home. It is also a great tool to use in working toward reunification.

Slide 38

The 7 Cs of Addiction

The National Association for Children of Alcoholics developed
the 7 Cs of Addiction to help children understand that they are not responsible
for another person's addiction to alcohol or other drugs.

I didn't **Cause** it.

I can't **Cure** it.

I can't **Control** it.

I can **Care** for myself,

By **Communicating** my feelings,

Making healthy **Choices**, and

By **Celebrating** myself.

(National Association for Children of Alcoholics, 2018)

The National Association for Children of Alcoholics developed the 7 Cs of Addiction to help children understand that they are not responsible for another person's addiction to alcohol or other drugs.

Even though this information was developed for use with children of alcoholics and has not specifically been used with children of parents with mental disorders, the same concepts can be applied. In fact, when working with children whose parent has a mental disorder, mental health treatment professionals often tell these children, "You didn't cause it and you can't fix it."

Using the 7 Cs with children of parents with substance use and/or mental disorders can increase their ability to cope with their experiences. The 7 Cs is a message that child welfare workers can use repeatedly with children.

To learn more, visit the National Association for Children of Alcoholics website. The link is provided on your resource list. They also have age-appropriate videos for children.

Slide 39

Needs of Children of Parents With a Substance Use or Mental Health Disorder

- The opportunity to identify and express feelings with a safe and trusted adult
- Age-appropriate information about substance use and mental disorders
- Treatment for developmental delays, medical conditions, mental disorders, and substance use disorders
- Counseling or peer support groups
- Consistent, ongoing support systems and caregivers who will keep them safe and help them recover

(Solis et al., 2012)

This slide lists some of the typical needs of children who come from homes where parents have substance use and/or mental health disorders.

- Children need the opportunity to identify their feelings and express them to an adult who is safe and who they trust.

- Children also need information about substance use and mental health disorders so that they know they are not to blame.

- These children need treatment for developmental delays, medical conditions, mental disorders, and substance use disorders.

- They may need to participate in counseling or peer support groups.

- They need consistent, ongoing support systems and caregivers who will keep them safe and help them recover over an extended period of time.

Slide 40

How Child Welfare Workers Can Help

- Encourage and support parents to engage in treatment
- Monitor the progress of parents to meet their recovery goals and to establish the capacity to care for their children
- Support regular visitation between parents and their children in appropriate settings
- Work closely with the treatment providers to meet parents' and children's needs and support positive outcomes

(Mowbray et al., 2018; Vajdic-Pena, 2018)

Child welfare workers and substance use disorder treatment providers need to work together to address the entire family, rather than separately addressing the needs of children in the child welfare system and the needs of parents in the treatment system.

Addressing family needs is an ongoing process. It begins with the initial screening and assessment for child abuse and neglect and screening for substance use and mental disorders, and continues throughout the family's participation in the child welfare system.

During this time:

- The parents are encouraged and supported to receive appropriate treatment.

- Child welfare workers and the dependency court monitor the progress of parents to meet their sobriety goals and to establish their capacity to take care of their children.

- Parents should continue to spend time with their children through regular visitation in appropriate settings.

- The child welfare worker and treatment professional need to partner to meet the needs of parents and children to support a positive outcome.

Slide 41

There are a few steps to developing an effective case plan:

- Oversee the assessment of the child's health; mental health; and educational, social, behavioral, and emotional needs.

- Arrange interventions that address the identified needs of the child.

- Determine the strengths and the limitations in the family's capacity to meet the child's needs, and determine which unmet needs require special services.

- Specify the services that are needed by parents as they progress through treatment that will enable them to best meet their children's needs.

Case Plans and Children's Needs

- Collaborate with school and childcare systems to determine how to provide safe and consistent support
- Involve children and youth (as appropriate) in case and treatment planning to gather input, needs, and goals and to identify support systems
- Supervise and monitor the progress of children that parallel efforts being made by and for their parents in treatment

(Van der Put et al., 2018)

- Collaborate with school and childcare systems to best determine how to provide support.

- Involve children and youth in case planning and treatment planning whenever possible, depending on their age and where they are developmentally—gather their input, their needs, and information about their goals to identify potential support systems.

- Be prepared to supervise and monitor the progress of children that parallel efforts being made by and for their parents in treatment.

Slide 43

Case Plans and Children's Needs

Promote skills

- Provide opportunities for children to participate in substance use prevention programs to give them strategies and skills to avoid copying the substance use patterns of their parents

Promote expression

- Link children to safe and trusted adults who can help them learn to identify and express their feelings in healthy ways and provide appropriate messages about substance use and mental disorders

(Mowbray et al., 2018)

- Support children by including opportunities for them to develop skills and their ability to express themselves.

- Provide opportunities for children to participate in prevention programs that will give them strategies and skills they can use to avoid copying the substance use patterns of their parents.

- Help children learn to identify and express their feelings in healthy ways and link them with safe and trusted adults who can help them learn to express themselves and who can provide age-appropriate messages about substance use and mental disorders.

Slide 44

Elements of Successful Visitation Plans

Parenting time should occur:

- Frequently
- For an appropriate period of time
- In a comfortable and safe setting
- With therapeutic supervision when appropriate
- In normal parenting situations, such as doctor visits and appointments with therapists (when appropriate)

(Filene et al., 2013; Partners for Our Children, 2011; Weintraub, 2008)

If a parent has a child in foster care, help establish appropriate visitation. Parents may need support around designing appropriate activities to do with their children during visitation.

Keeping parents connected to their children in meaningful ways can help a parent gain the necessary skills to meet the needs of the children.

Visitation is an opportunity to gather information about parent and child service needs.

Visitation should not be used as punishment for a relapse. Although safety is always important for visitation, using visitation to encourage recovery is not helpful and can be harmful to the child and parent.

Slide 45

Facilitating Quality Visitation

- Rethink language—*parenting time* or *family time* vs. *visitation*
- Recognize visitations as a right and need vs. a privilege, reward, or incentive
- Ensure frequency and duration is guided by needs of child and family vs. the capacity of the child welfare worker or logistics—*best interest of the **family** or of the **system**?*
- Provide concrete feedback on parent-child interaction vs. observation, surveillance

(Bullen et al., 2017; Partners for Our Children, 2011; Weintraub, 2008)

Language matters.

Visitation should not be used as a reward or privilege for the child or parent. Safety comes first, but if a parent has a relapse, this should not be the sole factor for cancelling the parent's time with the child.

Support the parent by providing positive feedback on their time with their child, as well as areas to improve.

Slide 46

Parenting time has positive effects on reunification.

Slide 47

Meeting the Needs of
Parents and Children

Slide 48

Building Protective Factors to Strengthen Families

Social Connections

Parental Resilience

Nurturing and Attachment

Concrete Support for Families

Knowledge of Parenting and Child Development
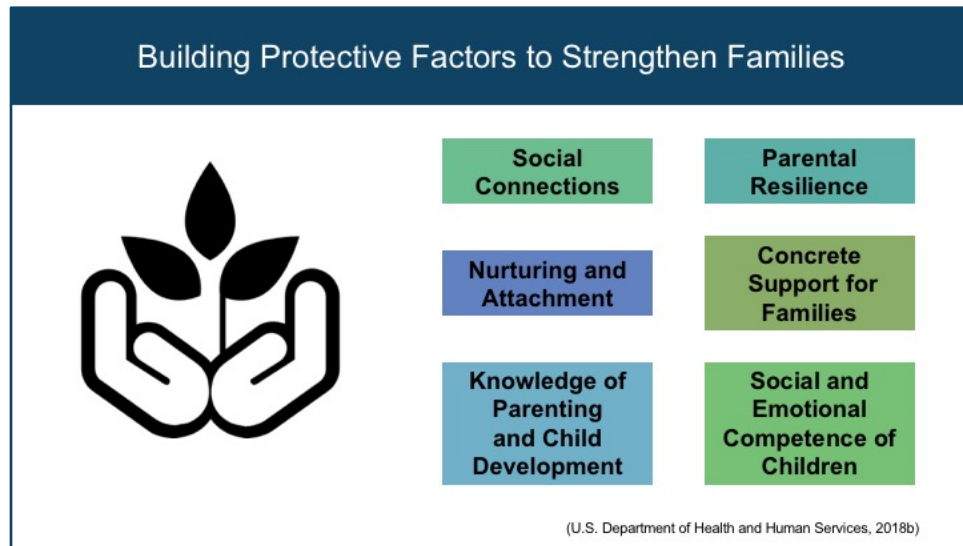
Social and Emotional Competence of Children

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

Show parents what to do instead of what not to do. Assess strengths as well as areas of improvement on their treatment plan.

Social Connections: Connecting with friends builds a strong support system.

Nurturing and Attachment: Strong families show how much they love each other.

Knowledge of Parenting and Child Development: Being a great parent is part natural and part learned.

Parental Resilience: Flexibility and inner strength keep families strong in times of stress.

Concrete Support for Families: Strong families ask for help when they need it.

Social and Emotional Competence of Children: Children get along better with others when they have words to express how they feel.

Family-centered treatment can support families in building protective factors.

Slide 49

Treatment That Supports Families

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

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

Continuum of Family-Based Services

Parent's Treatment With Family Involvement	Parent's Treatment With Children Present	Parent's and Children's Services	Family Services	Family-Centered Treatment
Services for parent(s) with substance use disorders. Treatment plan includes family issues, family involvement.	Children accompany parent(s) to treatment. Children participate in childcare, but receive no therapeutic services. Only parent(s) have treatment plans.	Children accompany parent(s) to treatment. Parent(s) and attending children have treatment plans and receive appropriate services.	Children accompany parent(s) to treatment; parent(s) and children have treatment plans. Some services provided to other family members.	Each family member has a treatment plan and receives individual and family services.
Goal: Improved outcomes for parent(s)	Goal: Improved outcomes for parent(s)	Goals: Improved outcomes for parent(s) and children, better parenting	Goals: Improved outcomes for parent(s) and children, better parenting	Goals: Improved outcomes for parent(s), children, and other family members; better parenting and family functioning

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

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.

***Highlight programs in your community that provide family-based services.**

Slide 51

Rethinking Family Recovery

- Parents' recovery occurs in the context of family relationships
- Services that strengthen families and support parent-child relationships help keep children safe

About *85% of children in substantiated abuse and neglect cases either stay home or go home.

*Children and Family Futures created estimate based on Child Welfare Outcomes Report Data   (Children's Bureau, 2013)

If parental substance use affects children and family relationships, child well-being and parent recovery must also occur in the context of family relationships.

Slide 52

Family recovery is more than a parent completing a treatment program. It is a longer process that includes changes in each of the domains of recovery noted and requires support for all elements of the family system.

Slide 53

How to shift from thinking about adult recovery to family recovery.

A Family Focus

Parent Recovery
Parenting skills and competencies
Family connections and resources
Parental mental health
Medication management
Parental substance use
Domestic violence

Family Recovery and Well-Being
Basic necessities
Employment
Housing
Childcare
Transportation
Family counseling
Specialized parenting

Child Well-Being
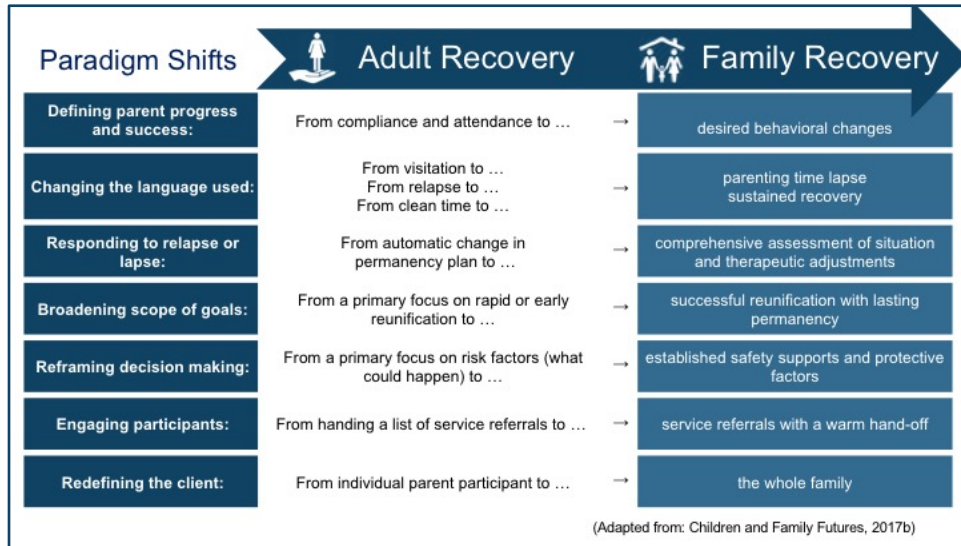Well-being/behavior
Development/health
School readiness
Trauma
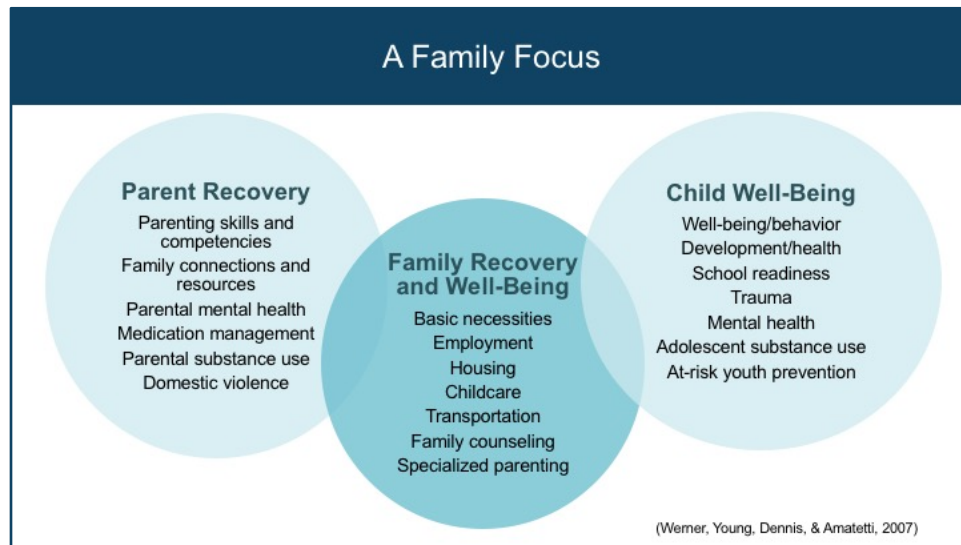Mental health
Adolescent substance use
At-risk youth prevention

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

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. In this module, the focus was on understanding the needs of children.

- Services that support child well-being must address:
  - o Well-being/behavior
  - o Development/health
  - o School readiness
  - o Trauma
  - o Mental health
  - o Adolescent substance use
  - o At-risk youth prevention

Addressing the needs of children while maintaining a family focus supports overall family recovery and well-being.

Supporting the entire family's recovery and well-being means providing:

- Basic necessities
- Employment
- Housing
- Childcare
- Transportation
- Family counseling
- Specialized parenting

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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