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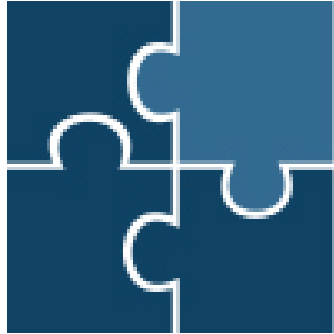# Understanding the Needs of Children of Parents with Substance Use or Co-Occurring Disorders

Child Welfare Training Toolkit

National Center on Substance Abuse and Child Welfare

Acknowledgment

National Center on Substance Abuse and Child Welfare

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

SAMHSA
Substance Abuse and Mental Health Services Administration

Children's Bureau

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

Learning Objectives

After completing this training, child welfare workers will:

- Identify the 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

Collaborative Values Inventory

| Strongly Disagree | Disagree | Neutral or Unsure | Agree | Strongly Agree |
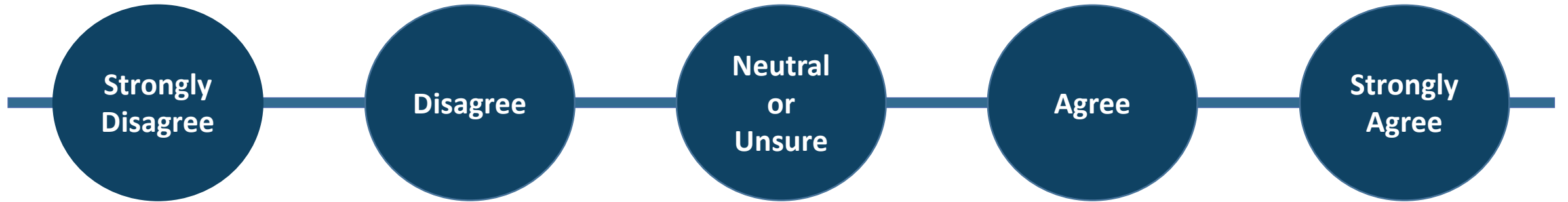
- Parents with substance use disorders (sometimes called addiction) can be effective parents

- 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)

Adverse Childhood Experiences: Risk Factors for Substance Abuse and Mental Health

ACE Study:
Link Between Trauma and Substance Use

Growing up in a home with exposure to adverse, traumatic childhood experiences is associated with lifelong physical, emotional, psychological, and social challenges.

Adverse childhood experiences (ACEs) include:

- Emotional abuse
- Physical abuse
- Sexual abuse
- Emotional neglect
- Physical neglect

- Household dysfunction
  - Mother treated violently
  - **Household substance use**
  - Household mental illness
  - Parental separation or divorce
  - Incarcerated household member

Compared to people with an ACE score of 0, individuals with an ACE score of 5 or more were **7 to 10 times more likely** to have illicit drug use problems, addiction to illicit drugs, and IV drug use; and **2 times** more likely to be an alcoholic.

(Felitti et al., 1998; Dube et al., 2003)

Prenatal Substance Exposure

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

Percent
100
80
60
40
20
0
-20
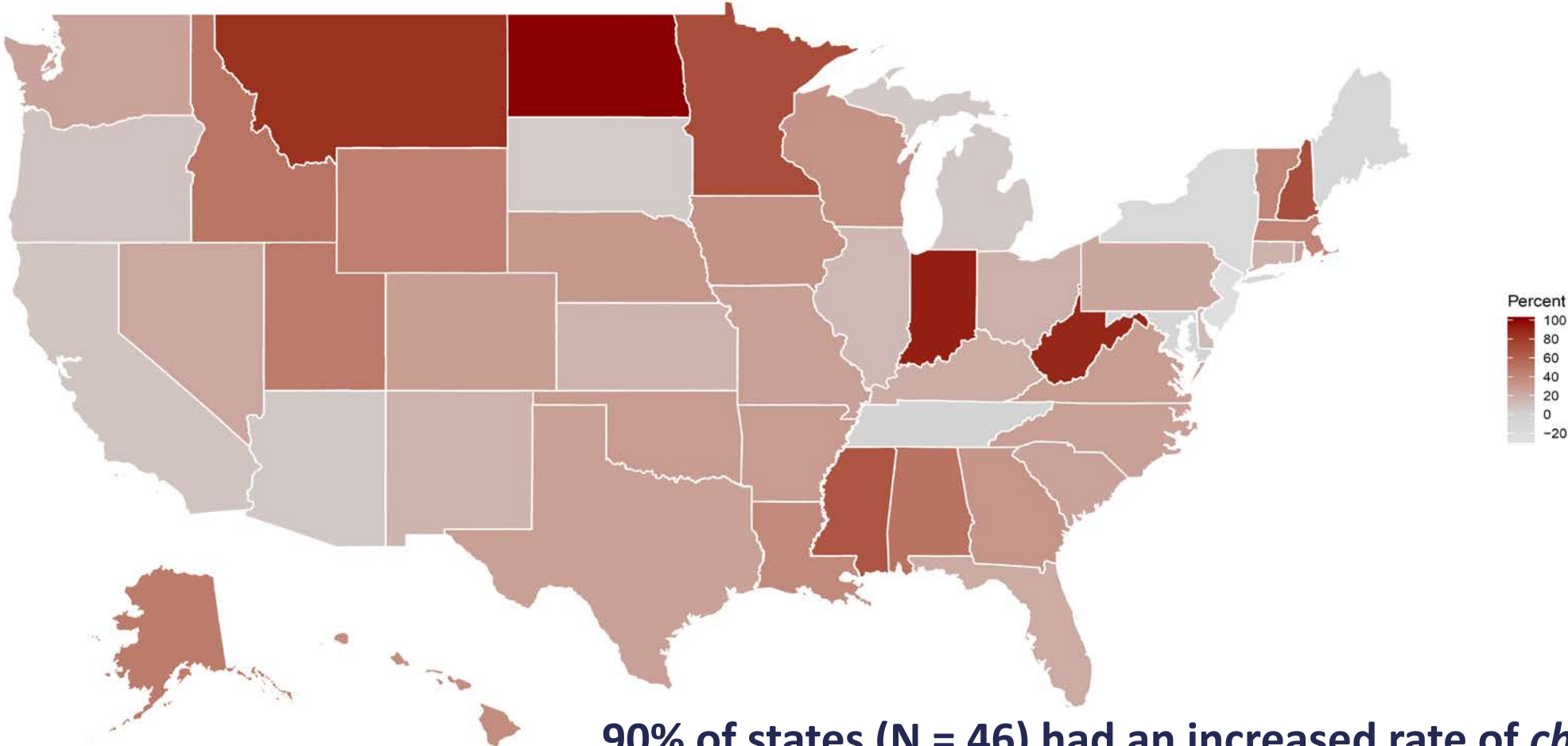
90% of states (N = 46) had an increased rate of *children under age 1* placed in OOHC from 2012 to 2017

*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)
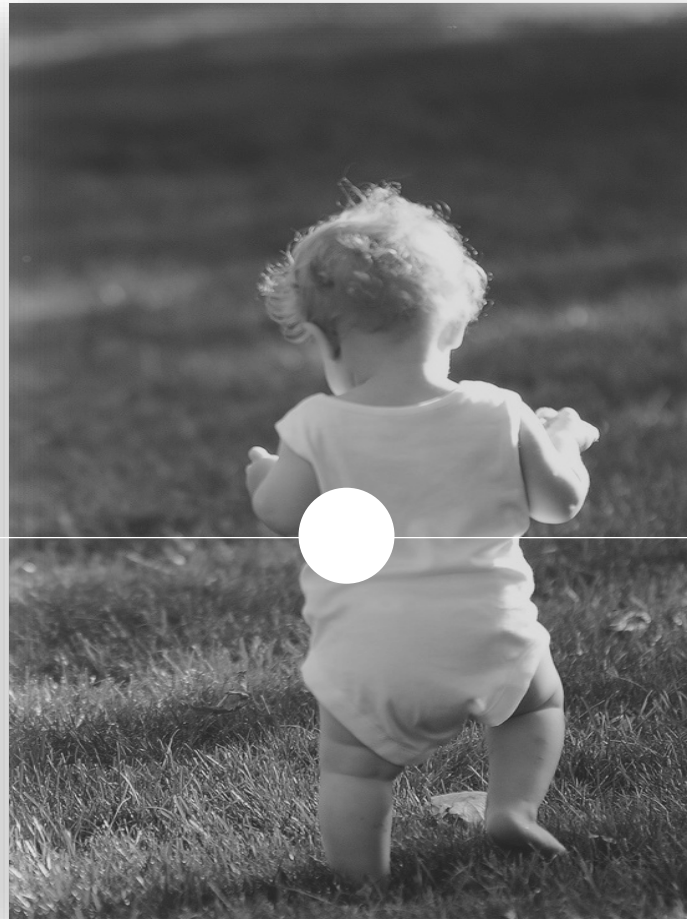
Effects of Prenatal Substance Exposure

American Academy of Pediatrics Technical Report
Comprehensive review of ~275 peer-reviewed articles over 40 years (1968–2006)

Short-Term

**Birth anomalies
Fetal growth
Neurobehavioral effects
Withdrawal**

Long-Term

**Achievement
Behavior
Cognition
Growth
Language**

(Behnke & Smith, 2013)

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)

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)

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
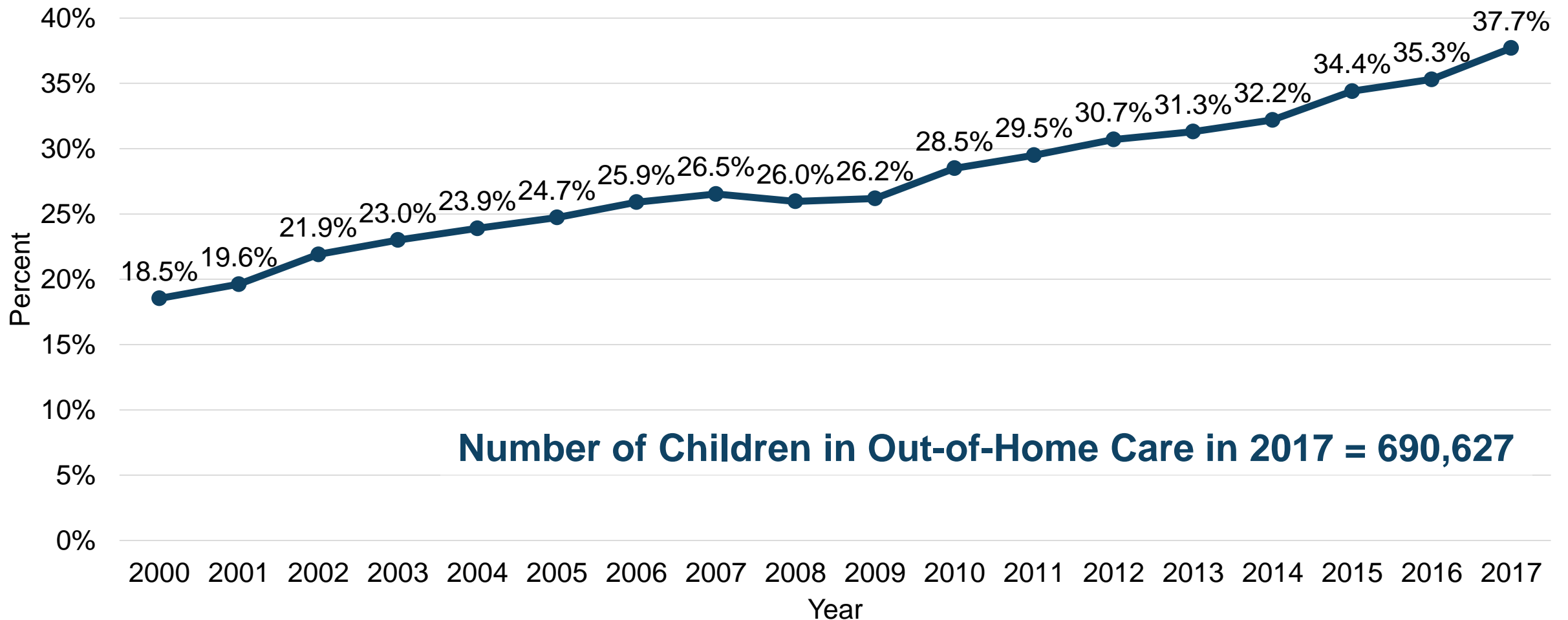
(Behnke & Smith, 2013)

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)

Effects of Parental Substance Use Disorders on Children

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

Data points:
- 2000: 18.5%
- 2001: 19.6%
- 2002: 21.9%
- 2003: 23.0%
- 2004: 23.9%
- 2005: 24.7%
- 2006: 25.9%
- 2007: 26.5%
- 2008: 26.0%
- 2009: 26.2%
- 2010: 28.5%
- 2011: 29.5%
- 2012: 30.7%
- 2013: 31.3%
- 2014: 32.2%
- 2015: 34.4%
- 2016: 35.3%
- 2017: 37.7%

Y-axis: Percent (0% to 40%)
X-axis: Year

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)

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)

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)

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)

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)

Effects of Parental Mental Health Disorders on Children

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)

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)

Group Activity

The effects of parental substance use, mental health disorders, or co-occurring disorders on children are often very similar.

Activity

- **Make a list of how a parent's substance use or mental health disorder can create risk or safety concerns for children.**

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

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)

Meeting the Needs
of the Child

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)

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)

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)

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)

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)

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

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)

Gather and Maintain Information

Child welfare workers should also have access to:

- Ongoing, daily, and quality childcare that addresses developmental needs

- Counseling and other service referrals for children in recovering families who have returned home, to ensure continued access to ongoing support

- Appropriate medical or child developmental services as needed

(Child Welfare Information Gateway, 2018)

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

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)

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!!
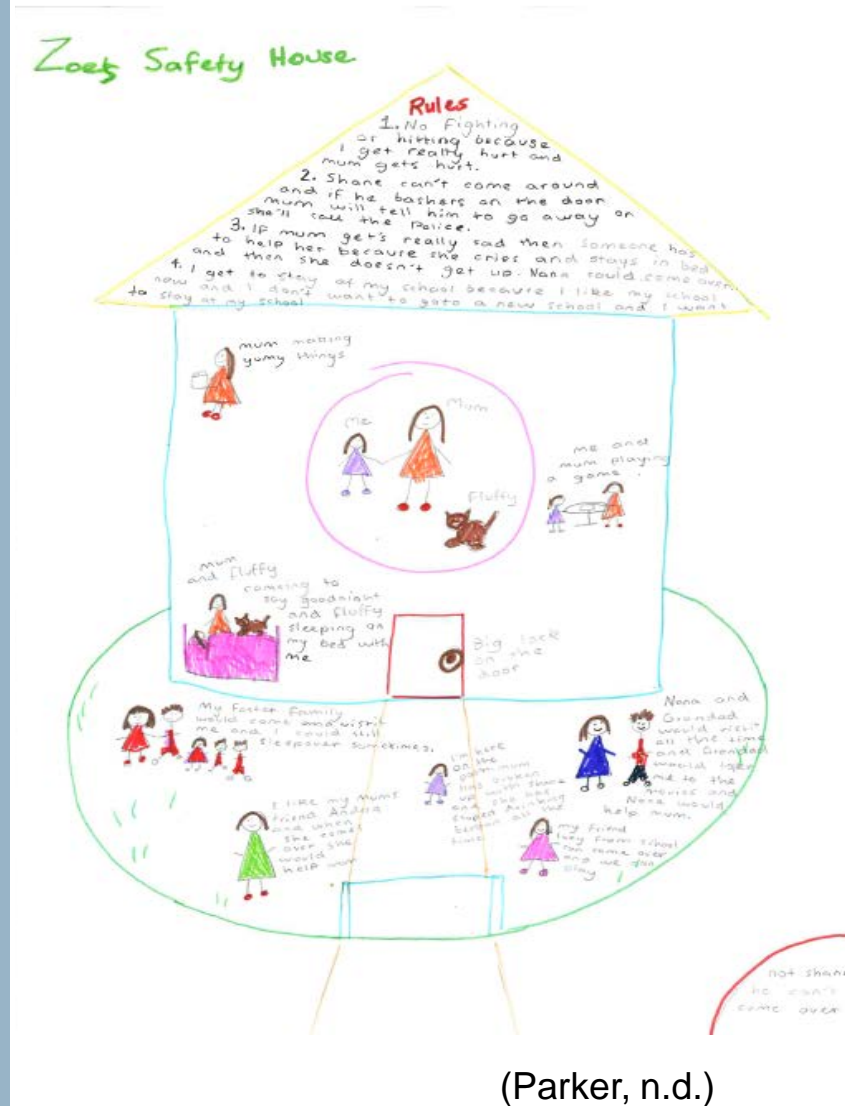
(Parker, n.d.)

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)

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)

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)

Case Plans and Children's Needs

- Oversee assessment of the child's needs

- Arrange interventions to address the child's needs and build on their strengths

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

- Specify the services that the parents need as they progress through treatment so they can meet their children's needs

(Casey Family Programs, 2013, 2017, 2018)

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)

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)

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)

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)

Effect of Parenting Time on Reunification Outcomes

- Children and youth who have **regular, frequent contact** with their families are **more likely to reunify and less likely to re-enter foster care** after reunification (Mallon, 2011)

- Visits provide an important **opportunity to gather information** about a parent's capacity to appropriately address and provide for their child's needs, as well as the family's overall readiness for reunification

- Parent-child contact (visitation): Research shows **frequent visitation increases the likelihood** of reunification and **reduces time** in out-of-home care (Hess, 2003)

Meeting the Needs of Parents and Children

Building Protective Factors to Strengthen Families

Social Connections

Parental Resilience

Nurturing and Attachment

Concrete Support for Families

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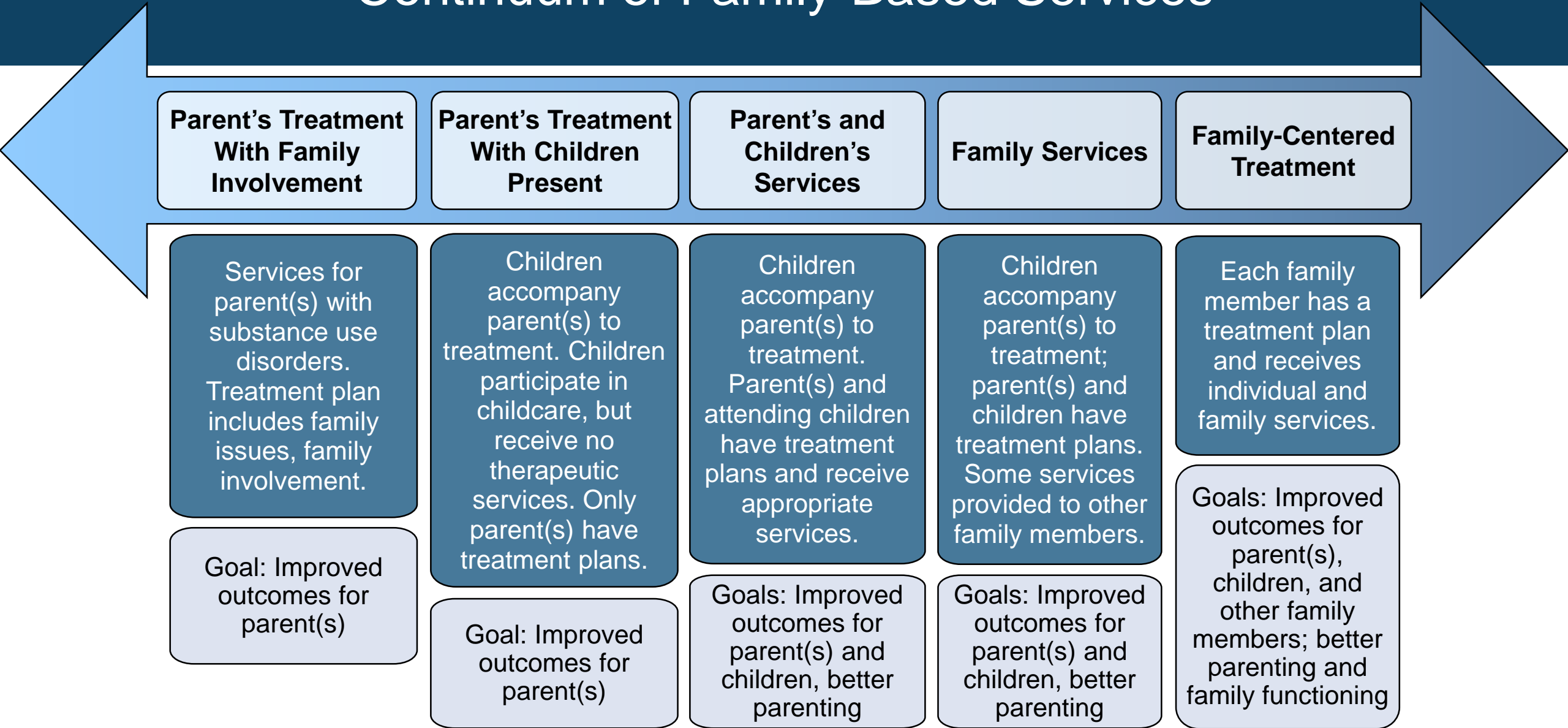
Social and Emotional Competence of Children

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

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)

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)

# Family Recovery Is More Than Treatment Completion

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

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

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

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

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

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

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)
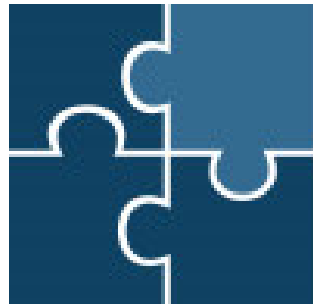
National Center on Substance Abuse and Child Welfare

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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