

# Substance Use Disorders and Child Welfare

Part 2 of a 3-part series addressing Substance Use Disorders, the opioid epidemic, child welfare and a family-centered approach

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NCSACW Presenter



## LEARNING OBJECTIVES

By participating in this training, you will:

- Become familiar with substance use as a disorder
- Gain knowledge around the history of the disorder and the opioid epidemic
- Learn about substance use disorder treatment and recovery processes

# A THANK YOU TO OUR SPONSORS

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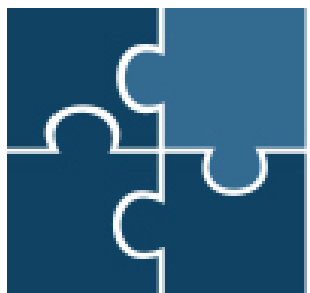
A grant from the Office for Victims of Crime/Bureau for Justice Assistance Advisory Board



# NCSACW PRESENTER

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# ACKNOWLEDGEMENT



National Center on  
Substance Abuse  
and Child Welfare

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and the Administration for Children and Families (ACF), Children's Bureau*



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# OVERVIEW

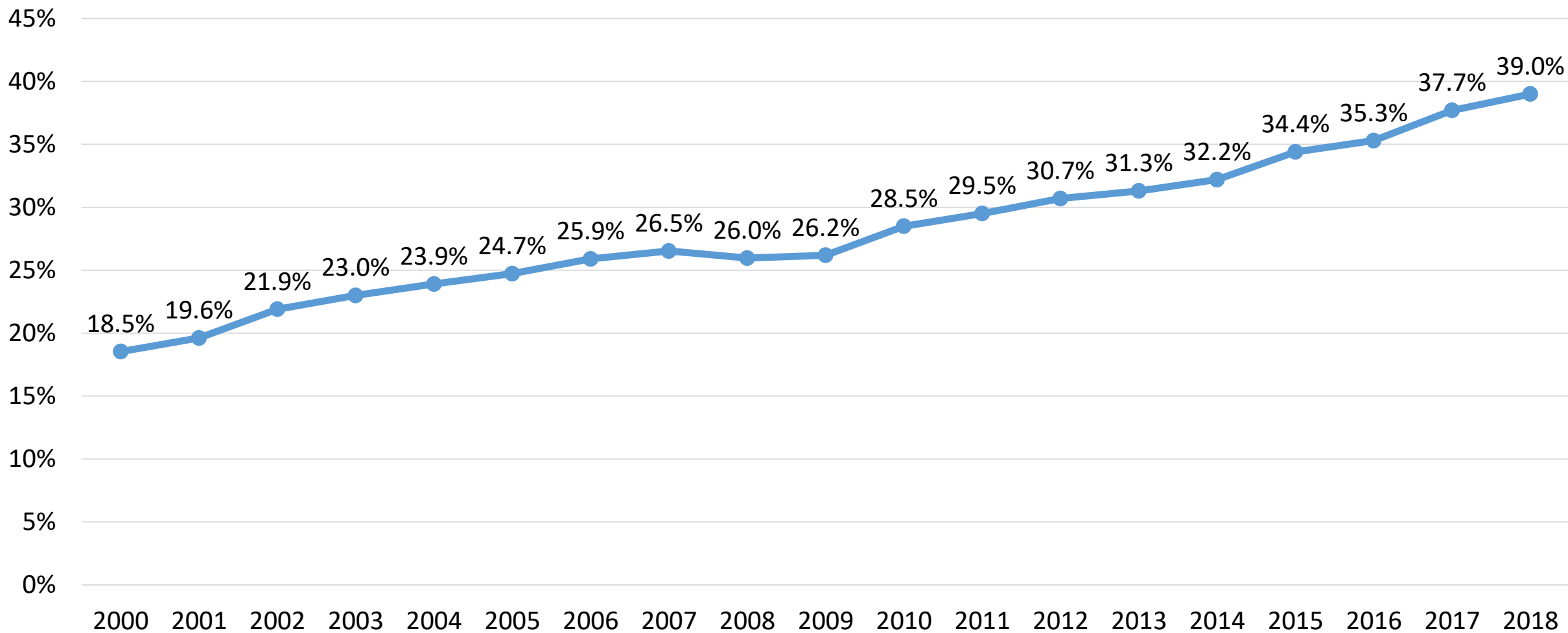
PART 2 OF 3-PART SERIES

- Substance Use Disorders and their impact on children and families
- Substance Use Disorder treatment
- Family centered approach
- Relapse, recovery maintenance and peer recovery supports





# Prevalence of Parental Alcohol or Drug Abuse as an Identified Condition of Removal in the United States, 2000 to 2018

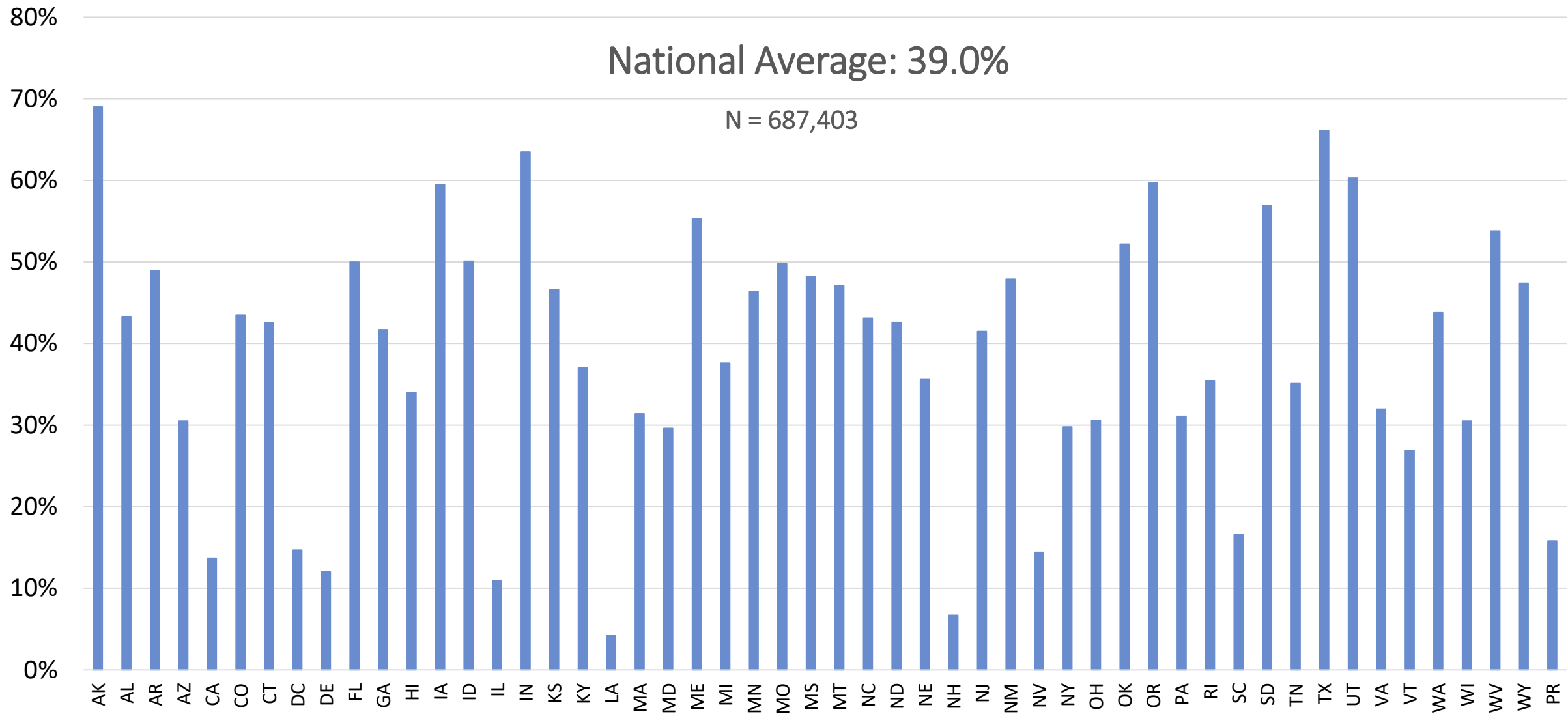


Note: Estimates based on **all children in out of home care at some point** during Fiscal Year

Source: AFCARS Data, 2000-2018



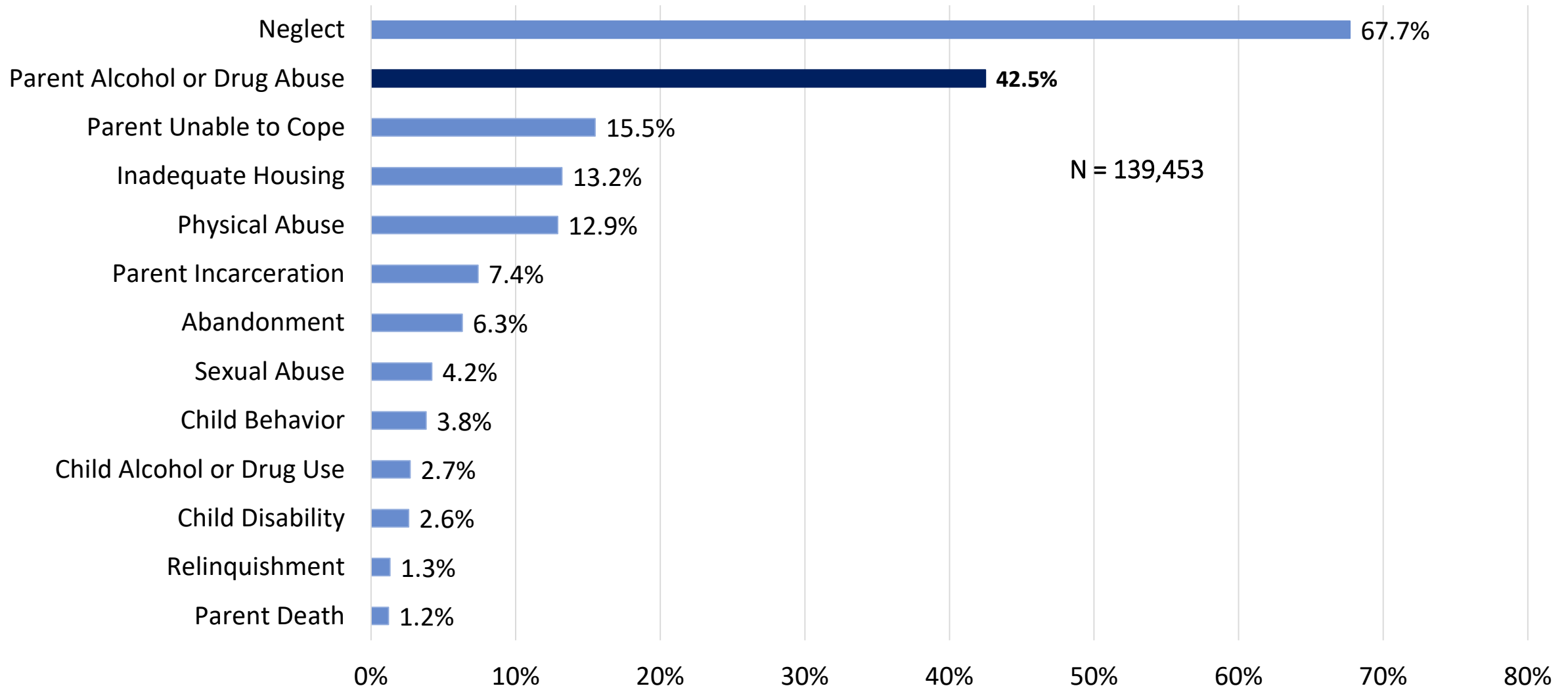
# Parental Alcohol or Drug Abuse as an Identified Condition of Removal by State, 2018



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

Source: AFCARS Data, 2018 v1

# Percent of Children with Terminated Parental Rights by Identified Condition of Removal in the United States, 2018



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

Source: AFCARS Data, 2018 v1



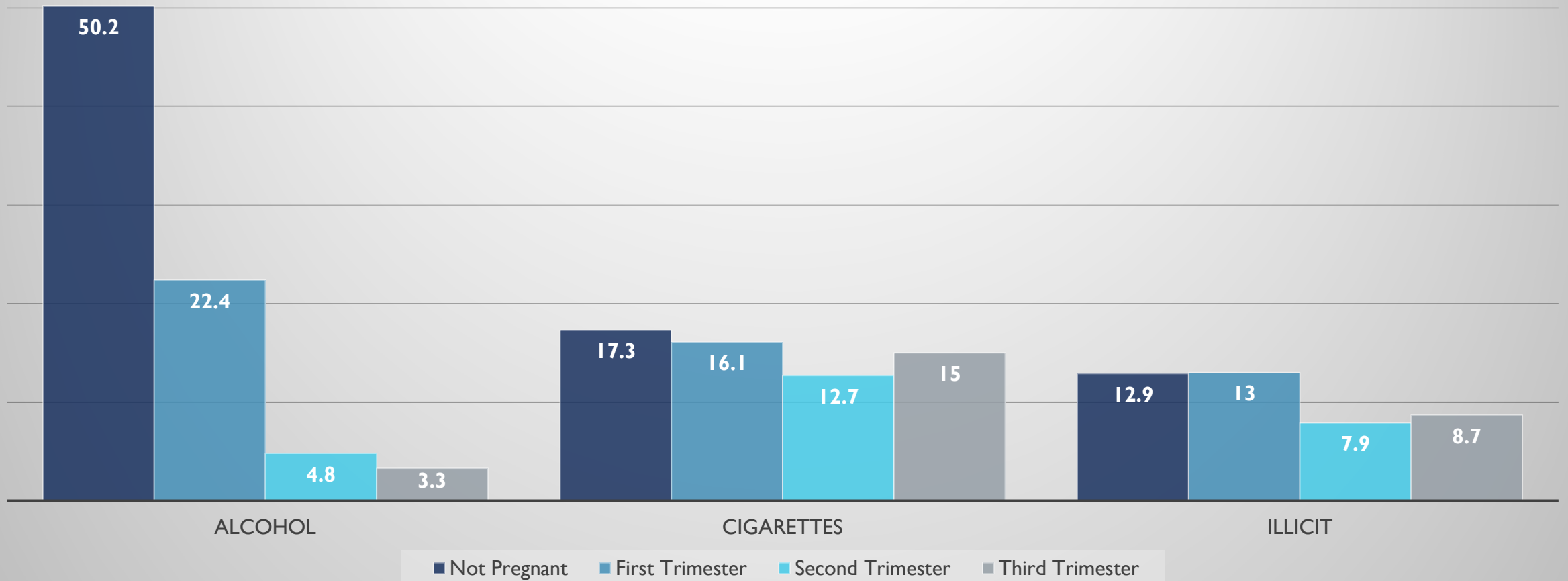
# THE IMPACT OF PARENTAL SUBSTANCE USE DISORDERS ON CHILDREN



## CHILDHOOD EXPERIENCES OF PARENTAL SUBSTANCE USE DISORDERS

- Prenatal Exposure
- Postnatal Family Environments

## Substance Use During Pregnancy



The number of women who used opioids during pregnancy increased nearly 70% between 2015 and 2017.

1. Wiles JR, Isemann B, Mizuno T, Tabangin ME, Ward LP, Akinbi H, et al. Pharmacokinetics of Oral Methadone in the Treatment of Neonatal Abstinence Syndrome: A Pilot Study. *J Pediatr*. 2015; 2. Patrick SW, Davis MM, Lehman CU, Cooper WO. Increasing incidence & geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. *J Perinatol*. 2015;35(8):667; 3. Patrick SW, Schumacher RE, Bennywort BD, Krans EE, McAllister JM, Davis MM. Neonatal Abstinence Syndrome & Associated Health Care Expenditures, United States, 2000-2009. *JAMA* 2012. 307 (18): 1934-40; 4. Hall ES, Wexelblatt SL, Crowley M, Grow JL, Jasin LR, Klebanoff MA, et al. A multicenter cohort study of treatments & hospital outcomes in neonatal abstinence syndrome. *Pediatrics*. 2014;134(2):e527-534. 5. Tolia VN, Patrick SW, Bennett MM, Murthy K, Sousa J, Smith PB, Clark RH, Spitzer AR. Increasing incidence of the neonatal abstinence syndrome in the U.S. neonatal ICUs. *N Engl J Med*. 2015; 372(22):2118-26.



# PRENATAL EFFECTS OF SUBSTANCE USE DISORDER

## **Methamphetamine**

- **Effects on the infant:** Increased drowsiness, physiologic stress, and decrease in height growth trajectory
- **Effects on Child Development:** Increased emotional reactivity, anxiety, and depressive symptoms, attention problems and withdrawn behavior

## **Marijuana**

- **Effects on the infant:** Most well-controlled studies have not implicated in utero marijuana exposure with major fetal growth or physical abnormalities.
- **Effects on Child Development:** Intellectual development

## **Tobacco**

- **Effects on the infant:** In utero growth restriction, prematurity, low birth weight, pediatric asthma and ear infections, and greater risk of Sudden Infant Death Syndrome
- **Effects on Child Development:** Behavioral problems, attention deficit disorders, hyperactivity, learning disabilities, and increased risk of smoking later in life

PRENATAL EXPOSURE



## Alcohol

- **Effects on the infant:** Abnormal facial features, cognitive and behavioral abnormalities, mental retardation, growth problems, and central nervous system problems in the infant
- **Effects on Child Development:** Information processing difficulties, learning disabilities, attention deficits, hyperactivity, problems with impulse control, language, memory, and social skills, and problems with heart, kidneys, bones, and hearing as a result of exposure to alcohol.


## Cocaine

- **Effects on the infant:** Impaired attention and cognitive functioning
- **Effects on Child Development:** Decreased weight, height, and head circumference in addition to greater levels of anxiety, depression, and were socially withdrawn

## Opiates

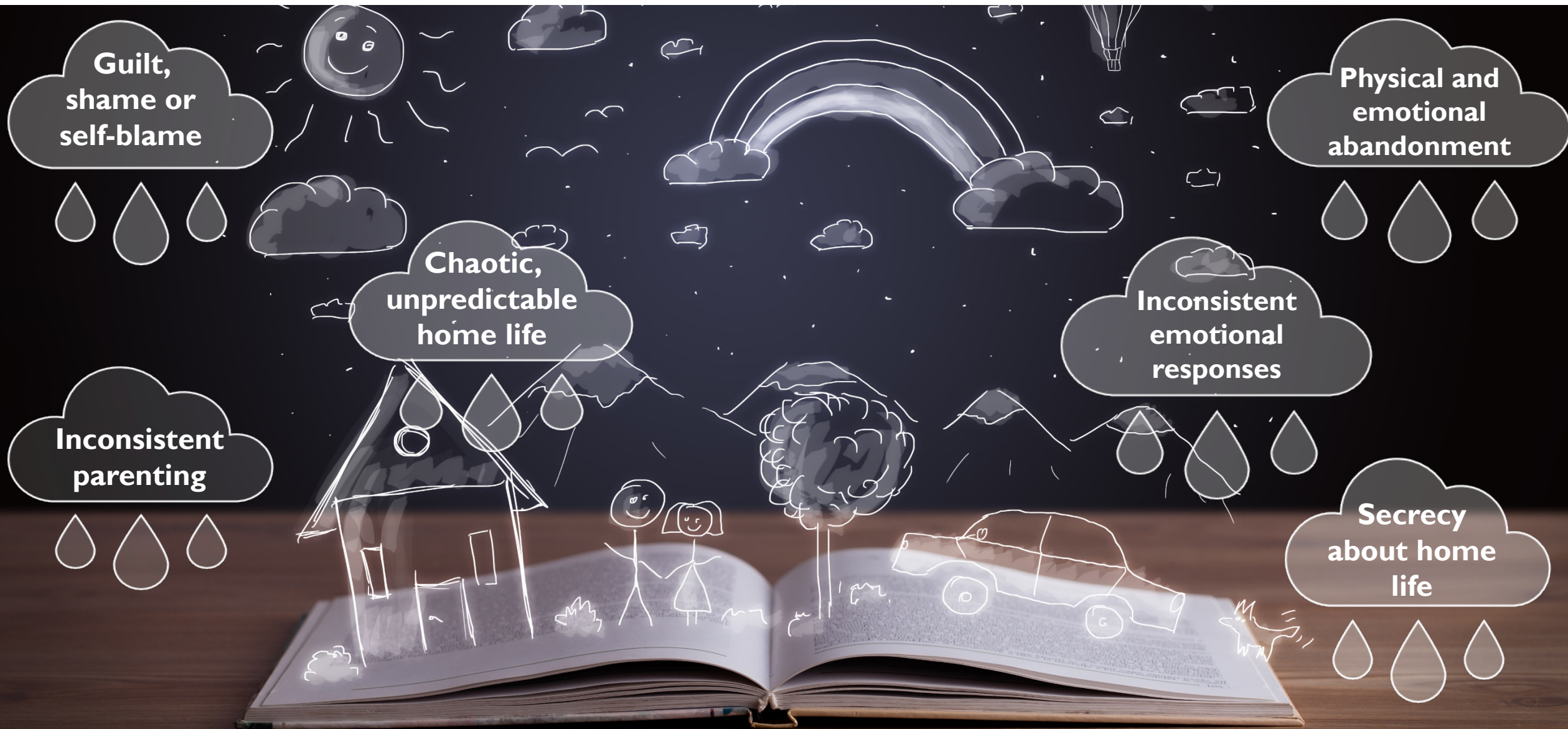
- **Effects on the infant:** Neonatal abstinence syndrome (NAS), born prematurely, with low birth weight, muscle tone changes, and neurobehavioral problems
- **Effects on Child Development:** Psychomotor developmental delay at a young age

PRENATAL EXPOSURE



Neonatal  
Abstinence  
Syndrome (NAS)

# POSTNATAL EXPOSURE





# RISKS OF PARENTAL SUBSTANCE USE DISORDERS ON CHILDREN

## CHILD'S RESPONSE:

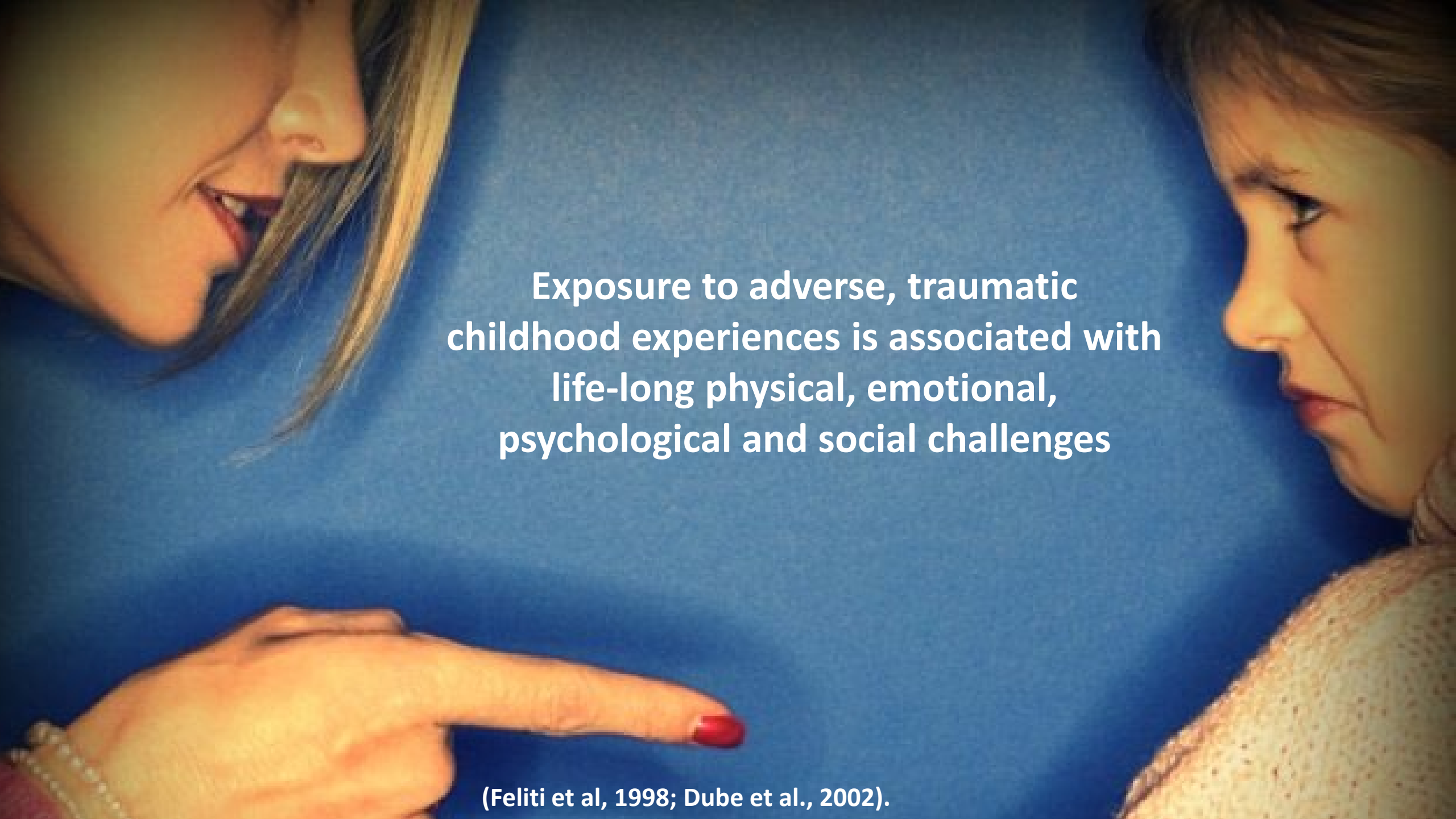
**Prenatal  
Exposure**



**Postnatal Effects:**  
Chaotic home life  
Inconsistent Parenting  
Inconsistent Emotional  
Response  
Abandonment  
Secrecy



**Lack of Trust  
Insecure Attachment  
Perfectionist  
Low Self Esteem  
Parents the Parent  
Extreme shyness or  
Aggressiveness**

A woman with blonde hair is on the left, smiling and pointing her right index finger towards a young girl on the right. The girl has dark hair and is looking back at the woman. The background is a solid blue color. The text is centered in the middle of the image.

**Exposure to adverse, traumatic  
childhood experiences is associated with  
life-long physical, emotional,  
psychological and social challenges**

**(Felitti et al, 1998; Dube et al., 2002).**

# Trauma and Substance Use Disorders



## Adverse Childhood Experiences (ACE) Study Classifications

- Physical abuse
- Sexual abuse
- Psychological abuse
- Emotional neglect
- Household dysfunction
- Mother treated violently
- Household substance abuse
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

# ADVERSE CHILDHOOD EXPERIENCES (ACE)

## ACE Study Classifications

- Physical abuse
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**5+ Adverse Childhood Experiences**

**7-10x's**

**Illicit drug use problems, addiction to illicit drugs, and intravenous drug use**

**2x's**

**Alcohol Dependence**




Every day an average of 8,120 people age 12 and over **try drugs for the first time** and 12,800 try alcohol - more than 20,000 people

Life time **marijuana use** among teenagers is at its highest level in 30 years. Nearly a quarter of those over twelve years old, sixty million people, **binge drink**



Between 2000-2009, poisoning deaths among teens increased 91%, with most caused by **overdoses of prescription pills** than from cocaine and heroin combined

Source:  
David Sheff, 2013



**50%** of all lifetime cases of mental and substance use disorders **begin by age 14**, and 75% by age 24 (Kessler et al., 2005).

In 2009, an estimated 23.5 million Americans aged 12 and older **needed treatment** for substance use (SAMHSA, 2010).

## PAST TRAUMA EXPERIENCES

**30-59%** rate of dual diagnoses for women with SUD and PTSD

**Two-thirds** of men and women in substance use disorder treatment reported childhood abuse and neglect

History of physical and sexual abuse reported in **81%** of women and **69%** of men

# HOW TO TALK TO CHILDREN ABOUT THEIR PARENTS' ADDICTION



“Addiction is a disease”

“You are not the reason your parent drinks or uses drugs”

“There are a lot of children like you”

“Let’s think of people who you might talk with about your concerns”

## Remember the 7 Cs

Some children with moms and dads that drink too much think that it is their fault. Maybe you are one of those children. Well, it's not your fault and you can't control it. But, there are ways that you can deal with it. One important way is to remember the 7 Cs.

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.



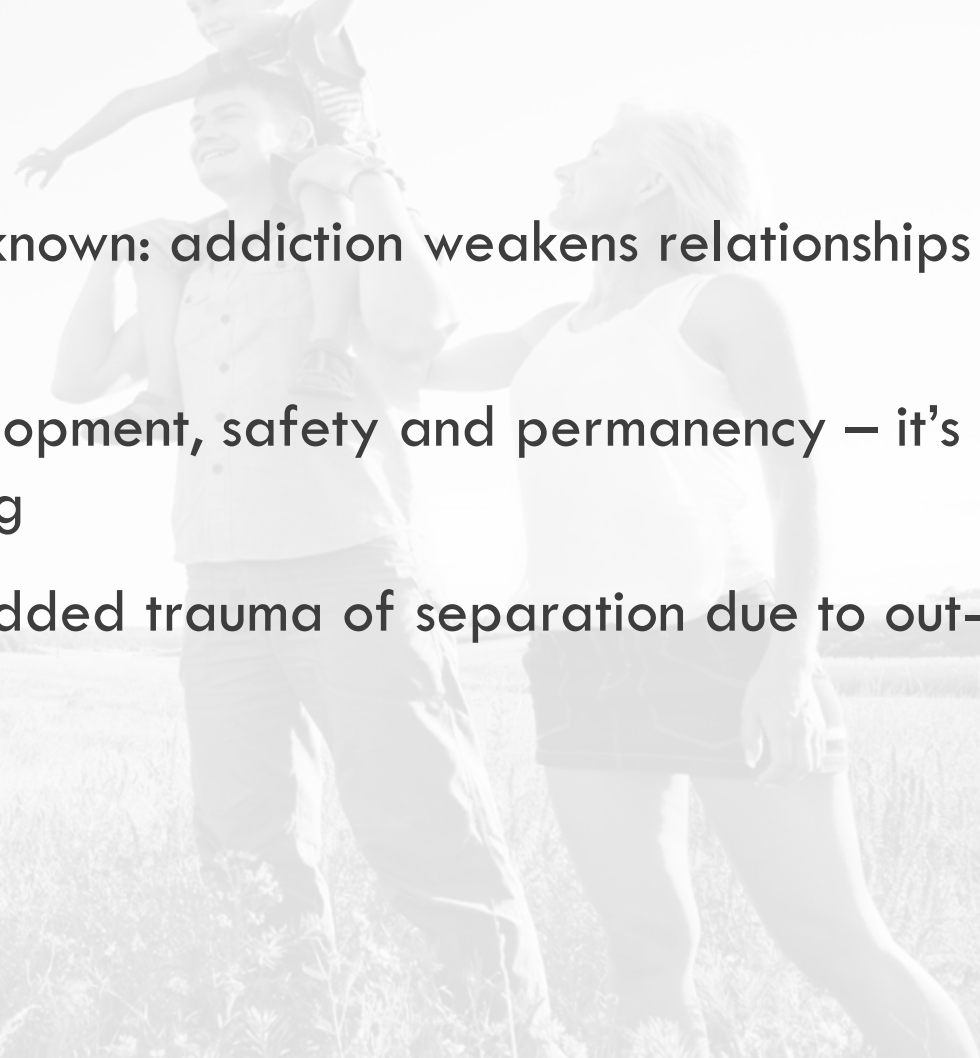
# IMPACT OF SUBSTANCE USE DISORDERS ON FAMILIES



Child Development  
Household Safety  
Psychosocial Impact  
Parenting  
Intergenerational

# ADDICTION AS A FAMILY DISEASE

- The impact on child development is well-known: addiction weakens relationships – which are critical to healthy development
- Child-well-being – is more than just development, safety and permanency – it's about relationships that ensure family well-being
- Impact of substance use combined with added trauma of separation due to out-home custody = severe family disruption





**Addiction  
affects the  
whole  
family**

**Developmental  
impact**

**Psycho-social  
Impact**

**Impact on  
Parenting**

**Generational  
Impact**



"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



## A TREATABLE DISEASE

- Substance use disorders are preventable and treatable
- Discoveries in the science of addiction have led to advances in substance use treatment that help people stop misusing drugs and resume productive lives
- Treatment enables people to counteract addiction's powerful disruptive effects on the brain circuitry and behavior and regain areas of life function

# PARENTAL READINESS TO CHANGE

What affects willingness to seek help or change?

- Past mistakes and regrets
- Early experiences
- Past successes

Note: Self-awareness is a key in readiness



# Rethinking Treatment Readiness



## Rethinking “Rock Bottom”

- “Tough love” in the hopes that they will hit rock bottom and want to change their life
- Collective knowledge in the community is to “cut them off, kick them out, or stop talking to them”
- Addiction is a disease of isolation



## “Raising the bottom”

- Getting off on an earlier floor
- Has realistic expectations and understands both the neuro-chemical effects on people with substance related and addiction disorders and difficulties and challenges of early recovery
- Readiness
- Recovery occurring in the context of relationships

A close-up photograph of a doctor in a white lab coat sitting and writing on a clipboard. The doctor's hands are the central focus, holding a pen and the clipboard. To the left, a patient's arm in a white sleeve is visible. The background shows a light-colored chair with a green cushion. A dark blue banner with white text is overlaid at the bottom.

# SUBSTANCE USE DISORDER TREATMENT



PRINCIPLES OF  
DRUG ADDICTION  
TREATMENT  
A RESEARCH-BASED GUIDE

THIRD EDITION

National Institute on Drug Abuse (2012). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). Retrieved from <http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/acknowledgments> on September 18, 2014

- Addiction is a complex but treatable disease that affects brain function and behavior
- No single treatment is appropriate for everyone
- Treatment needs to be readily available
- Effective treatment attends to multiple needs of the individual
- Remaining in treatment for an adequate period of time is critical
- Behavioral therapies are the most commonly used forms of drug abuse treatment
- Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies
- An individual's treatment and services plan must be continually assessed and modified
- Many drug-addicted individuals also have other mental disorders
- Medically assisted detoxification is only the first stage of addiction treatment
- Treatment does not need to be voluntary to be effective
- Drug use during treatment must be monitored continuously as lapses do occur
- Treatment programs should test patients for infectious diseases

# Treatment Services

## Clinical Treatment Services



Outreach and engagement, screening, detoxification, crisis intervention, treatment planning, case management, substance abuse counseling and education, trauma services, medical care, pharmacotherapy, mental health services, drug use monitoring and continuing care

## Clinical Support Services



Life skills training, parenting and child development education, family programs, educational remediation and support, employment readiness services, linkages with legal and child welfare systems, housing support, advocacy and recovery community support services

## Community Support Services



Recovery management and recovery community support services, housing that encourages alcohol and drug-free living, ongoing family-strengthening services, child care, transportation, Temporary Assistance for Needy Families linkages, vocational and educational services, faith based connections

# OVERVIEW OF TREATMENT PROCESS

EARLY IDENTIFICATION, SCREENING AND BRIEF INTERVENTIONS

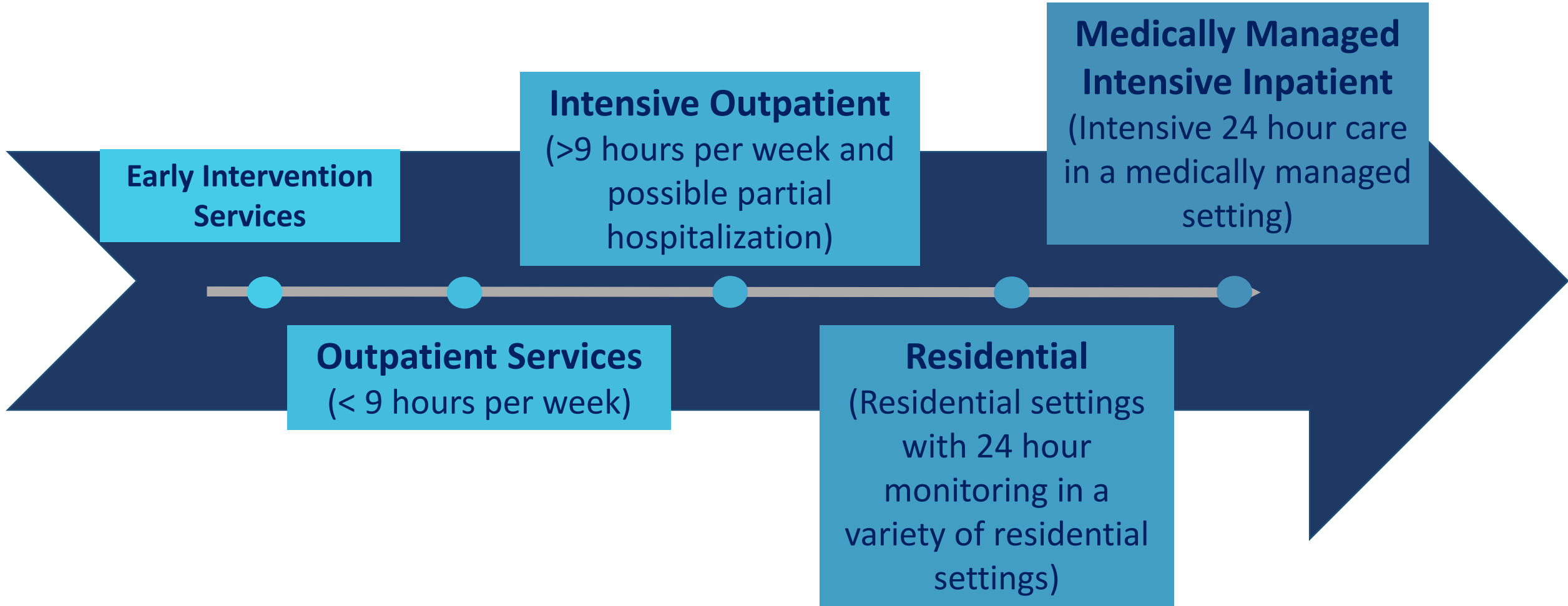
COMPREHENSIVE ASSESSMENT OF AN INDIVIDUAL'S SUBSTANCE USE DISORDER AND CO-OCCURRING HEALTH, MENTAL HEALTH AND OTHER ISSUES

STABILIZATION VIA MEDICALLY SUPERVISED DETOXIFICATION, WHEN NECESSARY

TIMELY AND APPROPRIATE SUBSTANCE USE DISORDER TREATMENT – BOTH ACUTE AND CHRONIC CARE

CONTINUING CARE AND RECOVERY SUPPORT

# Levels of Treatment Services Across A Continuum of Care





# MEDICATION ASSISTED TREATMENT



A variety of medications are used to complement substance use treatment for different types of substance use disorders including:

- Tobacco
- Alcohol
- Opioids

Each medication varies in its ability to:

- Prevent or reduce withdrawal symptoms
- Prevent or reduce drug craving

Medical doctors determine the appropriate type of medication, dosage and duration based on each person's:

- Biological makeup
- Addiction history and severity
- Life circumstances and needs

PSYCHOLOGICAL EFFECTS

Counseling  
targets the  
cortex

PHYSICAL EFFECTS

Medication  
effects the  
limbic region



# AS PART OF A COMPREHENSIVE TREATMENT PROGRAM, MAT HAS BEEN SHOWN TO:



INCREASE RETENTION  
IN TREATMENT



DECREASE ILLICIT  
OPIATE USE



DECREASE CRIMINAL  
ACTIVITIES, RE-ARREST  
AND RE-  
INCARCERATION



DECREASE DRUG-  
RELATED HIV RISK  
BEHAVIORS



DECREASE  
PREGNANCY RELATED  
COMPLICATIONS

Fullerton, C.A., et al. November 18, 2013. Medication-Assisted Treatment with Methadone: Assessing the Evidence. *Psychiatric Services in Advance*; doi: 10.1176/appi.ps.201300235

The American College of Obstetricians and Gynecologists. (2012) Committee Opinion No. 524: Opioid Abuse, Dependence, and Addiction in Pregnancy. *Obstetrics & Gynecology*, 119(5), 1070-1076.


Dolan, K.A., Shearer, J., White, B., Zhou, J., Kaldor, J., & Wodak, A.D. (2005). Four-year follow-up of imprisoned male heroin users and methadone treatment: Mortality, reincarceration and hepatitis C infection. *Addiction*, 100(6), 820–828.

Gordon, M.S., Kinlock, T.W., Schwartz, R.P., & O'Grady, K.E. (2008). A randomized clinical trial of methadone maintenance for prisoners: Findings at 6 months post-release. *Addiction*, 103(8), 1333–1342.

Havnes, I., Bukten, A., Gossop, M., Waal, H., Stangeland, P., & Clausen, T. (2012). Reductions in convictions for violent crime during opioid maintenance treatment: A longitudinal national cohort study. *Drug and Alcohol Dependence*, 124(3), 307–310.

Kinlock, T.W., Gordon, M.S., Schwartz, R.P., & O'Grady, K.E. (2008). A study of methadone maintenance for male prisoners: Three-month postrelease outcomes. *Criminal Justice & Behavior*, 35(1), 34–47.

# Medication-Assisted Treatment for Parents

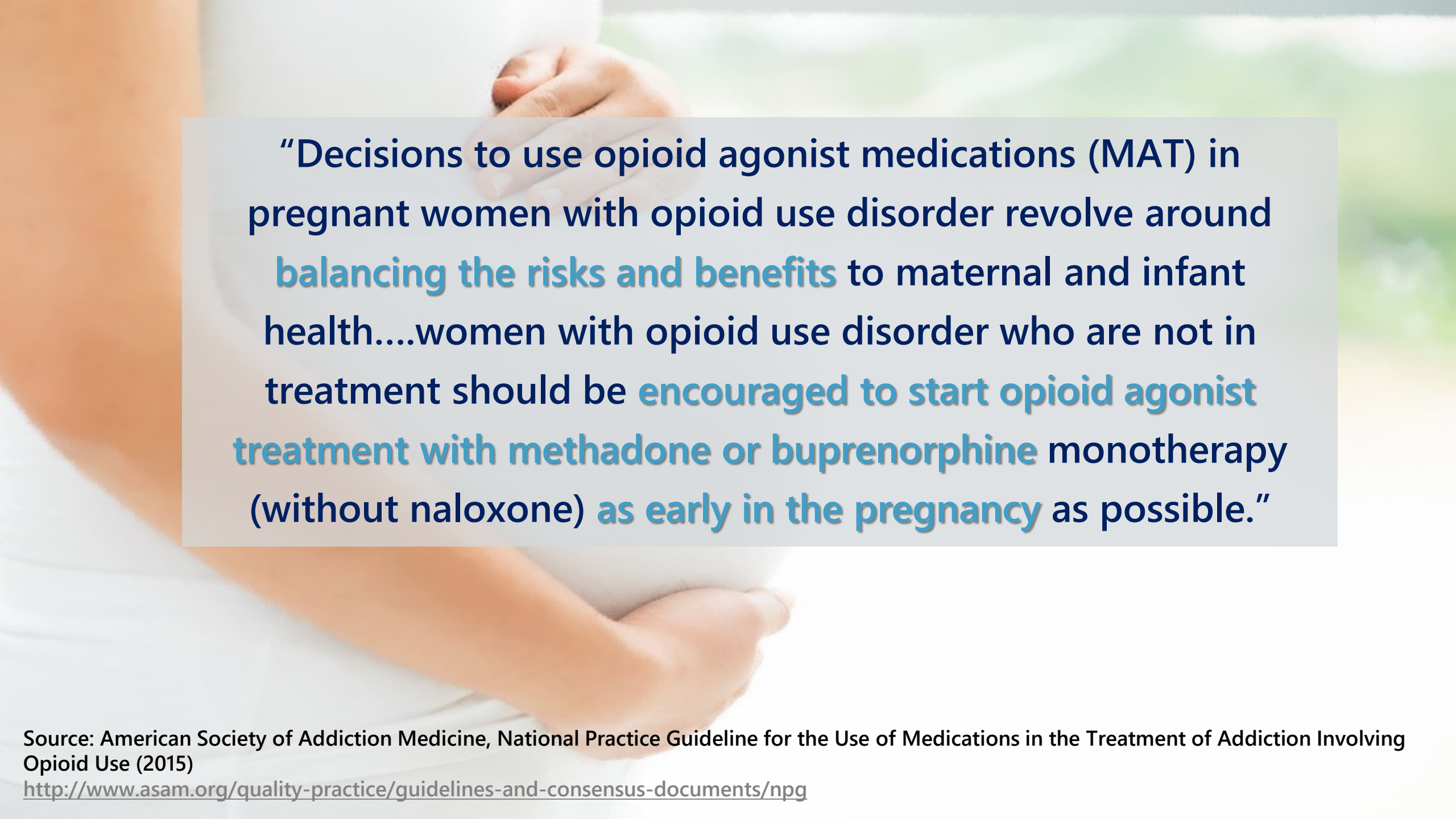


Parents with a history of opioid use disorders who received at least **one month of MAT** had a **significantly higher chance of retaining custody** of their children than those who did not receive MAT.

Compared to parents who received no MAT, **a year of MAT** increased the odds of parents retaining custody of their children by **120%**.

Each additional month of MAT resulted in a **10% increase** in the odds of parents retaining custody of their children.

Source: Hall, M. T., Wilfong, J., Huebner, R. A., Posze, L., & Willauer, T. (2016). Medication-assisted treatment improves child permanency outcomes for opioid-using families in the child welfare system. *Journal of Substance Abuse Treatment*, 71, 63-67

A close-up photograph of a pregnant woman's hands gently cradling her belly. The background is a soft-focus outdoor scene with greenery. A semi-transparent grey box is overlaid on the image, containing text.

“Decisions to use opioid agonist medications (MAT) in pregnant women with opioid use disorder revolve around **balancing the risks and benefits** to maternal and infant health...women with opioid use disorder who are not in treatment should be **encouraged to start opioid agonist treatment with methadone or buprenorphine monotherapy (without naloxone) as early in the pregnancy as possible.**”

Source: American Society of Addiction Medicine, National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use (2015)

<http://www.asam.org/quality-practice/guidelines-and-consensus-documents/npg>

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## 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.*

# Family Centered Approach



## PARENTS

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

## CHILD

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

## FAMILY

- Basic necessities
- Employment
- Housing
- Child care
- Transportation
- Family counseling

# 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



## THE COST OF FOCUSING ON PARENT RECOVERY ONLY

- They are children who arrive at kindergarten not ready for school
- They are in special education caseloads
- They are disproportionately in foster care and are less likely to return home
- They are in juvenile justice caseloads
- They are in residential treatment programs
- They develop their own substance use disorders

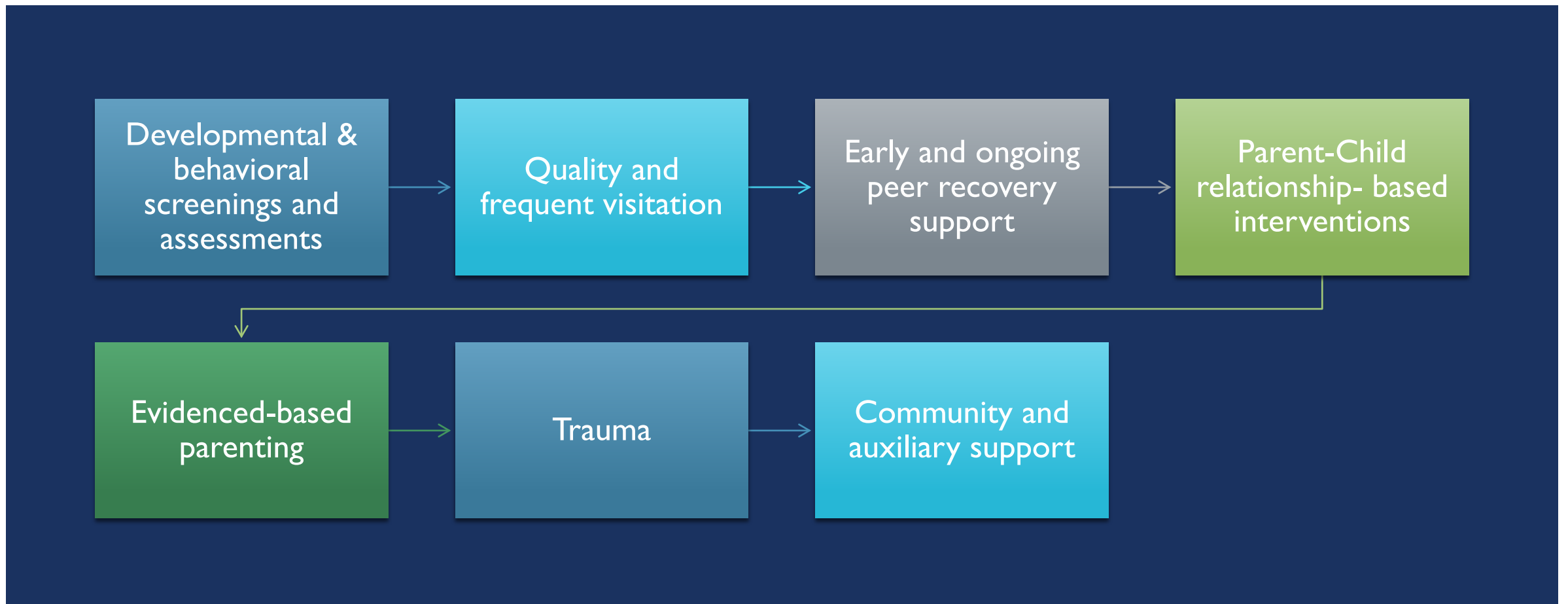


# Scope of Services

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An effective cross-system response should provide the scope of services needed to address the effects of parental substance use on family relationships – *family-based and family–strengthening approaches* towards recovery.





## PARENT-CHILD KEY SERVICE COMPONENTS



## IMPACT OF VISITATION ON REUNIFICATION OUTCOMES

Children and youth who have **regular, frequent contact** with their families are **more likely to reunify and less likely to reenter 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, **reduces time** in out-of-home care (Hess, 2003), and **promotes healthy attachment** and **reduces negative effects** of separation (Dougherty, 2004)

# Recovery Occurs in the Context of Relationships

Services that strengthen  
families and support parent-  
child relationships  
**HELP KEEP CHILDREN  
SAFE**





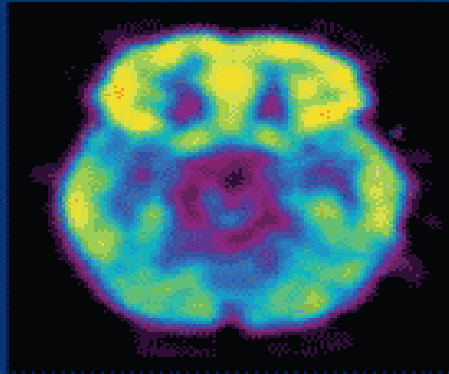
# What is recovery?

## SAMHSA's Working Definition

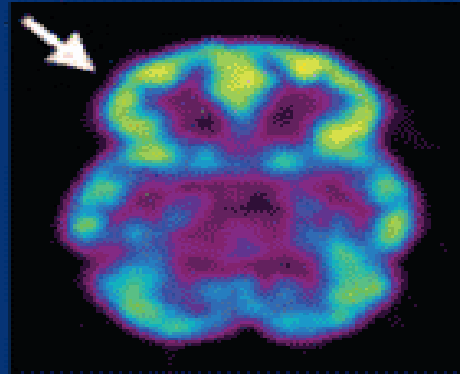
*Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.*

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

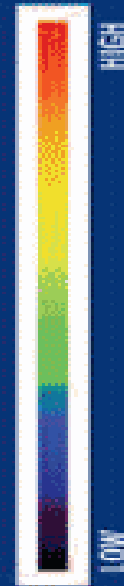
## DECREASED BRAIN METABOLISM IN **DRUG ABUSER**



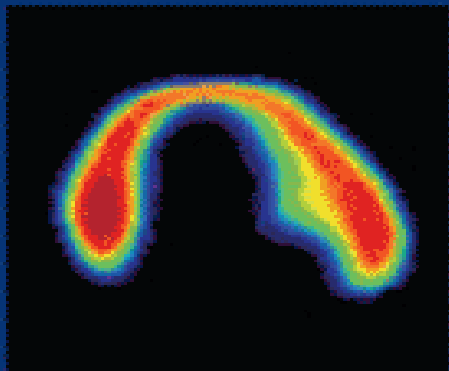
Healthy Brain



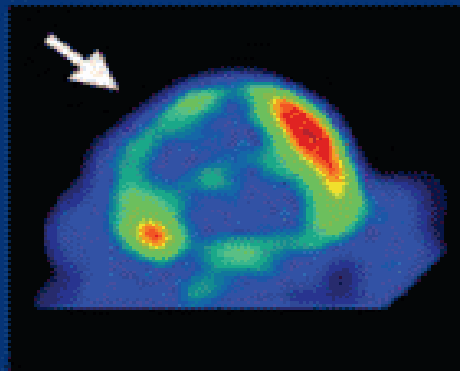
Diseased Brain/Cocaine Abuser



## DECREASED HEART METABOLISM IN **HEART DISEASE PATIENT**



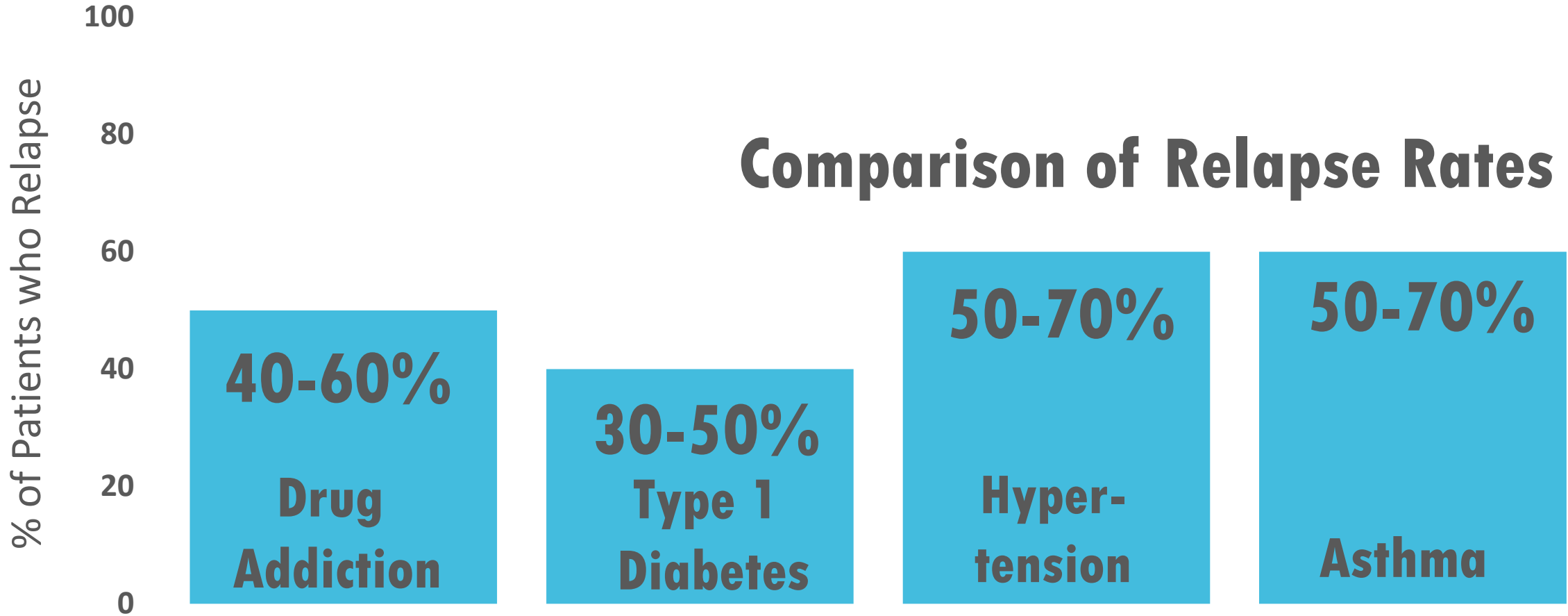
Healthy Heart



Diseased Heart

Substance use disorders are similar to other diseases, such as heart disease. **Both diseases disrupt the normal, healthy functioning of the underlying organ, have serious harmful consequences, are preventable, treatable, and if left untreated, can result in premature death.**

# Comparison of Relapse Rates



Addiction and Other Chronic Conditions



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Health

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Home

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Purpose

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Community

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FOUR MAJOR DIMENSIONS

# Post Treatment Expectations

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

(National Institute on Drug Abuse, 2018b)





# THE IMPACT OF RECOVERY SUPPORT

- Recovery Support Specialists
- Family-Centered Services
- Evidence-Based Parenting
- Successful Visitation
- Evidence-Based Treatment
- Reunification Groups
- Ongoing Support

# Functions of Recovery Support Specialists

- **Liaison**
  - Links participants to ancillary supports; identifies service gaps
- **Treatment Broker**
  - Facilitates access to treatment by addressing barriers and identifies local resources
  - Monitors participant progress and compliance
  - Enters case data
- **Advisor**
  - Educates community; garners local support
  - Communicates with treatment team, staff and service providers

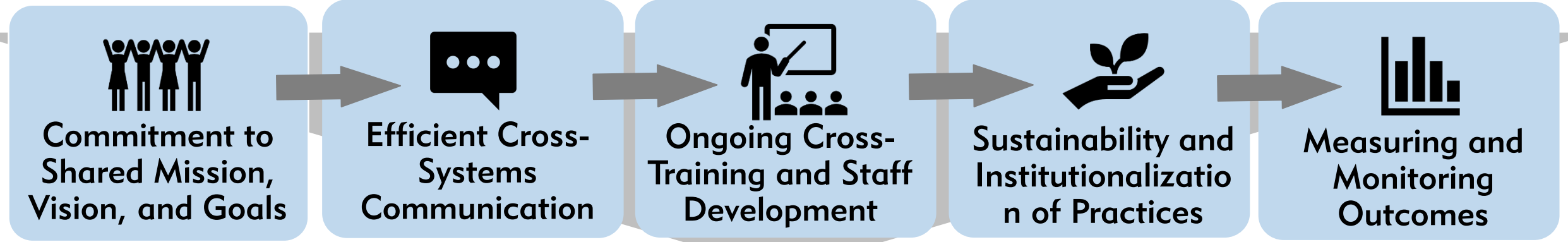




We now know *what works* for families affected by substance use disorders

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# Systems-Level Policy Efforts that Support to Practice Innovations



# Practice Strategies and Innovations



## Key Shared Outcomes for Families

<p><b>Recovery</b> Parents access treatment more quickly; stay in treatment longer;</p>	<p><b>Remain at Home</b> More children remain at home throughout program</p>	<p><b>Reunification</b> Children stay less days in foster care and reunify within 12 months at a higher</p>	<p><b>Repeat Maltreatment</b> Fewer children experience subsequent maltreatment</p>	<p><b>Re-entry</b> Fewer children who reunify return back to foster care</p>
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# Free Online Tutorials for Cross-Systems Learning



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



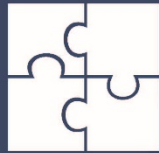
Understanding Child Welfare and the Dependency Court: **A Guide for Substance Abuse Treatment Professionals**



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



[www.ncsacw.samhsa.gov/.org](http://www.ncsacw.samhsa.gov/.org)



National Center on  
Substance Abuse  
and Child Welfare



## THE USE OF PEERS AND RECOVERY SPECIALISTS IN CHILD WELFARE SETTINGS

**Purpose:** The brief offers implementation considerations that professionals can draw from when implementing peer or recovery specialist models in their communities.

**Audience:** Administrative and executive-level professionals from:

- Child Welfare
- Substance Use Disorder Treatment
- Courts

### Key Informant Interviews

- Representatives from four programs—2 peer support programs and 2 recovery specialist programs—that have demonstrated positive child welfare and recovery outcomes for families



# ADDITIONAL RESOURCES

## Web-Based Resource Directory

- Includes research, training materials, webinars and videos, site examples and other resources
- Topics include substance use disorders and treatment, medication-assisted treatment, infants with prenatal substance exposure, and supporting families with opioid use disorders

## Technical Assistance

- Identifying values and principles of collaborative practice to address differences and develop agency values', missions and mandates
- Examples of effective collaborative practice between substance use providers, child welfare and the courts

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The image displays three screenshots of the National Center on Substance Abuse and Child Welfare website. The top screenshot shows the 'Peer and Recovery Specialist Support' page, featuring a search bar, navigation menu, and breadcrumb trail: Home > Explore Topics > Peer and Recovery Specialist Support. The middle screenshot shows the 'Children and Families Affected by Parental Substance Use Disorders (SUDs)' page, with a search bar, navigation menu, and breadcrumb trail: Home > Explore Topics > Children and Families Affected by Parental Substance Use Disorders (SUDs). The bottom screenshot shows the 'Family-Centered Treatment' page, with a search bar, navigation menu, and breadcrumb trail: Home > Explore Topics > Family-Centered Treatment. Each screenshot includes the organization's logo and header information.



National Center on  
Substance Abuse  
and Child Welfare

# CONTACT US

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# UPCOMING WEBINARS

Date:	Topic:
June 24, 2020	Substance Abuse Disorders and Child Welfare, Part 3
TBD	Substance Abuse Disorders and CASA/GALs: A Local Program Perspective

All are open to CASA/GAL staff and volunteer advocates.

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