Engagement and Safety Decision-Making in CINC Cases Involving Substance Use Disorders

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Learning Objectives

**FOLLOWING THIS TRAINING, PARTICIPANTS WILL BE ABLE TO:**

**#1**
Recognize how language can perpetuate stigma about substance use

**#2**
Identify engagement strategies that build on family strengths for successful outcomes and family recovery

**#3**
Understand the effect of parental substance use disorders (SUDs) on child risk and safety

**#4**
Identify safety, risk, and protective factors for parents with a substance use disorder

**#5**
Identify the importance of collaboration with collateral contacts
True or False – Early identification and quick access to SUD Assessment is an engagement strategy that can improve outcomes for families.

True or False – Person first language is defined as using terms that define the person by their disease.
Substance use disorders can negatively affect a parent’s ability to provide a stable, nurturing home and environment. Of children in care, an estimated 61% of infants and 41% of older children have at least one parent who is using drugs or alcohol (Wulczyn, Ernst, & Fisher, 2011).

Families affected by parental substance use 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 (Brook & McDonald, 2010).

The lack of coordination and collaboration between child welfare agencies, community partners, and substance use disorder treatment providers undermines the effectiveness of agencies’ response to families (Radel et al., 2018).
LEARNING OBJECTIVE 1:
Recognize how language can perpetuate stigma about substance use
“Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic disease.”
Addiction is 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
What is Stigma?

Stigma is defined as the relationship between an attribute—such as drug use—and a stereotype that assigns undesirable labels, qualities, and behaviors to a person exhibiting the attribute.
Common Beliefs

They must love their drug more than they love their kids.

Why won’t they just stop?

They need to really want to get sober.

They need to hit rock bottom.
Common Responses

“Here’s a referral—Let me know when you get into treatment.”

“They’ll get into treatment if they really want it.”

“We will see you back here in 90 days.”

“Don’t work harder than the client.”
Person first language (for example, “a person with a substance use disorder”) suggests that the person has a problem that can be addressed. By contrast, calling someone an “addict” or “drug abuser” implies that the person is the problem.

— SAMHSA Center for the Application of Prevention Technologies
Your Choice of Language Reflects Your Understanding of SUD as a Disease

<table>
<thead>
<tr>
<th>Instead of…</th>
<th>Try…</th>
</tr>
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<tbody>
<tr>
<td>☒ Addict, Drug Abuser</td>
<td>☑ Person/Parent with a Substance Use Disorder</td>
</tr>
<tr>
<td>☒ Clean/Dirty Drug Screen</td>
<td>☑ Screen Tested Negative/Positive for Substances</td>
</tr>
<tr>
<td>☒ Former Addict</td>
<td>☑ Person in Recovery</td>
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<tr>
<td>☒ Hard to Place Kids</td>
<td>☑ Children Affected by Trauma</td>
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<td>☒ Drug Addicted Baby</td>
<td>☑ Infant Prenatally Exposed to Substances</td>
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<tr>
<td>☒ Foster Child</td>
<td>☑ Child In-Care or Out-of-Home Placement</td>
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Engagement Strategies

LEARNING OBJECTIVE 2:
Identify engagement strategies that build on family strengths for successful outcomes and family recovery
Communities
Culture lives at the family level but also exists in individuals, organizations, and communities.

Values
Culture includes beliefs, traditions, and values.

Solutions
Beliefs, traditions, and values must be the platform on which solutions are built.

Culturally Competent Engagement
Engaging Families

“We want them to succeed!”

Assessment
Engagement starts at the initial assessment/contact with families

Partner
Seeing child welfare as their partner

Everyone
Everyone plays a role in engagement
Rethinking Treatment Readiness

“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 as a disease of isolation

“RAISING THE BOTTOM”

“Getting off on an earlier floor”

Has realistic expectations and understands the 1) neuro-chemical effects on people with substance use disorders, and 2) challenges of early recovery

Readiness

Recovery occurring in the context of relationships
Early Identification & Quick Access to Services

Primary Question | Tools
Is substance use a factor? Yes, or no?

CHILD WELFARE ASSESSMENT
CAGE:
GAIN: https://gaincc.org/instruments/
UNCOPE:

Process

Screening

SUD/MH Assessment

Referral

Treatment

How severe is the substance use disorder? DSM V Criteria
Does level of treatment match the identified need? ASAM Continuum of Care
Culturally Sensitive Assessments
Proportional Access
Equitable Treatment
Equal Outcomes
Parental Substance Use Disorders

LEARNING OBJECTIVE 3: Understand the effect of parental substance use disorders on child risk and safety
There Are Many Signs of Potential Use:

- Absenteeism from work or changes in employment status
- Neglect of the family or children
- Impaired functioning during home visits or other meetings
- Appearance (e.g., changes in hygiene, disheveled, dilated/constricted pupils, track marks)
- Inconsistent reporting or history, not accepting responsibility for past behaviors, attempts to conceal information
- Increased frustration or a change in typical attitude or behavior
- Drug paraphernalia in home
- Physical signs of drug use or withdrawal (e.g., agitation or euphoria, change in speech, mood and/or gait patterns, flu-like symptoms, tremors or shaking, chemical odors)
- Involvement with the criminal justice system
Evaluation and Observation of the Home Environment

- Home conditions
- Safe storage of controlled substances
- Drug paraphernalia in the home
- Safe sleep space
- Safety hazards
- Changes in home conditions that weren’t there before
Keeping Children Safe from Substances

Items to be aware of include:

Nicotine
E-liquids with e-cigarettes, nicotine gum or patches

Alcoholic Beverages
Sweetened mixed drinks

Prescription Medicines
Painkillers and patches, sedatives, and tranquilizers

Illegal Drugs
Cocaine, methamphetamine, heroin, fentanyl

Marijuana
Edibles in the form of baked goods, candy and beverages

*Encourage parents to be prepared by saving the phone number for the national Poison Help Hotline in their phone*
A parent’s use of alcohol or drugs can affect their ability to safely parent their children by decreasing their ability to:

- Adequately supervise their children
- Meet their child’s educational or medical needs
- Provide a daily structure and routine for a child
- Provide for a child’s basic needs
True or False – Early identification and quick access to SUD Assessment is an engagement strategy that can improve outcomes for families.

True or False – Person first language is defined as using terms that define the person by their disease.
Safety, Risk, & Protective Capacities

LEARNING OBJECTIVE 4:
Identify safety, risk, and protective factors for parents with a substance use disorder
What child specific factors should be considered when assessing safety threats?
A. Age of the child
B. Special Needs
C. Child Visibility
D. All of the above

The likelihood that a child will be maltreated in the future is a ____________.
A. Risk factor
B. Safety factor
C. Protective factor
D. None of the above
What is a Safety Threat?

• A present or impending danger to a child

• Insufficient caregiver protective capacities to assure a child is protected from danger

• Failure to address the problem may result in a future safety issue
Areas to Consider When Assessing Safety Threats

When you are concerned about a parent’s substance use and assessing a child’s safety, consider the following factors related to the child:

- **age** of the child
- child is visible in the **community**
- **special needs** of the child
- parent/child **interaction**
What is a Risk Factor?

The likelihood that a child will be maltreated in the future.
Differentiating Between Safety and Risk Factors

**Examples of Safety Factors**

- Drug paraphernalia in reach of small children
- Parent driving under the influence
- Ingestion of drugs or alcohol by a child
- Physical abuse incident while parent is under the influence
- Parental overdose with a child in the home

**Examples of Risk Factors**

- Parental drug use
- Co-occurring mental health diagnosis
- Co-occurring domestic violence
- History of substance use
- Frequent traffic in and out of the home
Paula is a 23-year-old first time parent with a two-year-old son, Drake. A report was received by child welfare alleging that Drake was found wandering around the neighborhood alone, wearing only a diaper and t-shirt. The police responded and contacted child welfare for assistance. Upon initial contact with the child welfare worker, Paula admitted to drinking alcohol and taking opiate medication earlier that afternoon. She stated that she fell asleep with Drake, but he must have woken up and exited the family home. Paula shared that she was in a car accident as a youth and still suffered from severe back pain. Paula also shared that she experienced post-partum depression after Drake’s birth and had a hard time bonding with him after he was born.

✓ What is your current assessment of safety threats?
✓ What is your current assessment of risk factors?
Drug Testing

What does it tell us?
Drug Testing is just one tool used to guide case planning and permanency decisions with families affected by SUDs.

Drug tests alone cannot provide information on the severity of an individual’s substance use, progress in recovery, or the effects on parenting capacity.

After potential substance misuse is identified, it is key to partner with SUD treatment providers to help engage the parent in an assessment and appropriate services.

Child welfare workers must rely on other indicators.
Drug testing can provide a chance to discuss a parent's substance use and motivate them to follow their case plans and engage in treatment.

Sharing results provides an opportunity to have a conversation with parents that reduces overall shame and stigma. Consider the following approach:

- Discuss the results in a timely manner
- Be strengths-based
- Identify protective capabilities within the family
- Help the parent determine next steps
What Are Protective Capacities?

- Personal and parenting behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person being protective of his or her child
- Specific qualities that can be observed, understood, and demonstrated as a part of the way a parent thinks, feels, and acts that makes him/her protective of his or her child

(https://www.childwelfare.gov/pubPDFs/protective_factors.pdf)
Parental Protective Factors

What are they and how do we build on them?

Six protective factors to strengthen families:

- Nurturing and attachment
- Parental resilience
- Social connections
- Knowledge of parenting & child development
- Concrete support for parents
- Social-emotional competence of children

(https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/)
Developing Protective Capacity for Parents with Substance Use Disorders

- Parent has insight into their behaviors and changes that need to be made to provide safety
- Parent understands the effect their substance use has had on their children and family
- Accessible and consistent childcare to support the parent attending treatment
- Consistent attendance at treatment sessions/recovery support meetings
- Family/friends that are willing to do check-ins/monitor child safety daily
- Parent is willing to attend SUD treatment and/or other services
- Active engagement with treatment provider
- Supportive caregiver in the home
- Priority/quick access to treatment

ENGAGEMENT MATTERS!
Paula receives food stamps and social security due to the death of her husband. She also receives Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) for Drake and is on the waitlist for early Head Start. She reported limited supports during her first meeting with child welfare but shared that her sister sometimes babysits Drake so she can look for employment. Paula shared that her sister is a person in long-term recovery, and often encourages her to seek treatment to address her own alcohol and opioid use. Paula shared that she recognizes her need for treatment and may be willing to take the first step towards recovery. She also reported once attending a virtual Narcotics Anonymous (NA) meeting with her sister and enjoying the supportive nature of the group.

What is your current assessment of the family's protective capacities?
If Return to Use Happens...

- Time is of the essence!
- Could “lose” the parent at this point
  - Is medical attention or detox needed?
  - Is medication-assisted treatment (MAT) part of the treatment plan?
  - Window of opportunity to re-engage parent in services and recovery
- Child welfare role is critical in locating and re-engaging the parents
- Not a time to be punitive
- Can be a learning experience
Visits Matter

- It is the right of the child and family
- Creates a safe place to address feelings
- Facilitates bonding and attachment
- Provides opportunity for parental skill building
- Allows for ongoing assessment of safety, risk, and protective capacities
- Improves family outcomes
Importance of Collaboration

LEARNING OBJECTIVE 5:
Identify the importance of collaboration with collateral contacts
Substance use and child maltreatment are often multi-generational problems that can only be addressed through a coordinated approach across multiple systems to address needs of both parents and children.

The Necessity of Collaboration

(Boles, et al., 2012; Dennis, et al., 2015; Drabble, 2010)
Benefits of Collaboration

1. Collaboration contributes to better outcomes and efficiencies in the service delivery systems

2. The investment of time leads to better shared understanding, improved planning efficiency, and more effective monitoring of parental progress

3. Collaboration in case planning and information sharing brings together child welfare workers, substance use treatment providers, mental health treatment providers, court professionals, and other related service professionals to establish joint goals
Community Partner’s Role in Mandated Reporting

- Report in a timely manner
- Report accurate information
- Clear observations of what you have seen, heard or witnessed

- Attention to culture and implicit bias
- Follow up if required or needed
- Trust the system to accurately and professionally assess risk and safety threats
A Collaborative Approach Across Systems

Results in improved outcomes for families:

• Increased engagement and retention of parents in substance use treatment
• Fewer children removed from parental custody
• Increased family reunification post-removal
• Fewer children re-entering the child welfare system and foster care

Agreement on common values

Enhanced communication and information sharing

Blended funding and data collection for shared outcomes
Additional Collaborators in Safety: The Courts

• Regular communication between the Guardian Ad Litem/Court Appointed Special Advocate and child welfare

• Fact-based examples of safety and risk factors, or how these have been resolved or mitigated

• Focus on parent strengths and improvements that are linked to the reason for child welfare involvement (e.g., parent recently completed an intensive outpatient program, is participating in a recovery group, has started parenting classes, and is moving through the stages of change)
Information Needed From Substance Use Treatment Providers

Whether the parents are participating in a treatment program, including:

- Quality of their engagement and progress in treatment
- The degree of parental participation
- Appointment attendance
- Treatment recommendations
- If parents relapses or have left treatment
- Drug testing results
- Discharge plan and aftercare recommendations
- Timeframe for anticipated successful completion of treatment measured against Adoption and Safe Families Act (ASFA)
Information Needed From Child Welfare

1. Reason for referral and current drug and alcohol concerns
2. Screening and assessment results and case plan
3. Household composition and any children previously removed
4. Status of children and visitation plan (including any changes in placement or visitation and permanency goal)
5. History of child welfare involvement
6. Family strengths/protective factors
7. Confirmation of release of information signed
8. Drug and alcohol history, if known
9. Name and contact information of the child welfare worker
Confidentiality

HIPPAA
“A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care, and to protect the public's health and well-being.”

(HHS, Health Information Privacy)

42 CFR- PART 2
More stringent than HIPAA, 42 CFR outlines under what limited circumstances where information about the client’s treatment may be disclosed with and without the client’s consent. Recent changes enacted in July 2020.

(Substance Abuse and Mental Health Services Administration, 2020; U.S. Department of Health and Human Services, 2003)
What child specific factors should be considered when assessing safety threats?
A. Age of the child
B. Special Needs
C. Child Visibility
D. All of the above

The likelihood that a child will be maltreated in the future is a ____________.
A. Risk factor
B. Safety factor
C. Protective factor
D. None of the above
What’s Your Next Step?
Contact the NCSACW TTA Program

Connect with programs that are developing tools and implementing practices and protocols to support their collaborative

Training and technical assistance to support collaboration and systems change

https://ncsacw.acf.hhs.gov/
ncsacw@cffutures.org
Toll-Free @ 1-866-493-2758
Resources

Collaborative Capacity
Substance use and child maltreatment are often multigenerational problems that are best addressed through a coordinated approach across multiple systems, including child welfare services, substance use treatment, courts, healthcare providers, and other community providers. Compared to efforts by individual agencies, collaboration across multiple systems, coupled with strong leadership and consistent communication, offers a more efficient and effective approach that ultimately leads to better outcomes for families.

Implementing and sustaining improved practice and policy changes on behalf of

Engaging Parents and Youth with Lived Experience: Strengthening Collaborative Policy and Practice Initiatives for Families with Mental Health and Substance Use Disorders

VIEW DOCUMENT (PDF 3.7 MB)
- Understanding Substance Use Disorders: What Child Welfare Staff Need to Know
- Understanding Engagement of Families Affected by Substance Use Disorders-Child Welfare Practice Tips
- Understanding Screening and Assessment of Substance Use Disorders-Child Welfare Practice Tips
- Identifying Safety and Protective Capacity for Families with Parental Substance Use Disorders and Child Welfare Involvement

Download [https://ncsacw.acf.hhs.gov/topics/parental-substance-use-disorder.aspx](https://ncsacw.acf.hhs.gov/topics/parental-substance-use-disorder.aspx)
Free Online Tutorials for Cross-Systems Learning


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

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

https://ncsacw.acf.hhs.gov/training/default.aspx
A resource for child welfare workers to help

- Understand the link between disproportionalities, disparities, and the child welfare system
- Recognize disproportionalities and disparities when working with families affected by SUD
- Implement strategies to increase engagement with families and reduce inequities.

Available @ https://ncsacw.acf.hhs.gov/files/cw-tutorial-supplement-equity.pdf
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:

- Understand substance use and co-occurring disorders
- Identify when substance use is a factor in a child welfare case
- Learn strategies for engaging parents and families in services
- Understand potential effects for the parent, children, and caregivers
- 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

Visit our website to download the training toolkit: https://ncsacw.acf.hhs.gov/training/toolkit/default.aspx
Disrupting Stigma

How Understanding, Empathy and Connection Can Improve Outcomes for Families Affected by Substance Use and Mental Disorders

Available @ https://ncsacw.acf.hhs.gov/files/disrupting-stigma-brief.pdf
Drug Testing in Child Welfare

**Brief 1:** Considerations for Developing a Child Welfare Drug Testing Policy and Protocol

**Brief 2:** Drug Testing for Parents Involved in Child Welfare: Three Key Practice Points

Available @ https://ncsacw.acf.hhs.gov/topics/drug-testing-child-welfare.aspx
Key Considerations for Applying an Equity Lens to Collaborative Practice

This brief helps collaborative teams formally assess existing policies to determine if and how they contribute to disproportionate and disparate outcomes for families being served.

By working through the “Questions to Consider”, teams begin applying an equity lens to collaborative policies and practices.

Available @ https://ncsacw.acf.hhs.gov/files/equity-lens-brief.pdf
This seven-part series is organized into two clusters. The first cluster provides a framework for establishing a collaborative team. The second cluster highlights strategies to achieve timely access to treatment and support services for families.
Exploring Civil Rights Protections for Individuals in Recovery from an Opioid Use Disorder

Five-Part Video and Webinar Series

- Civil Rights Protections for Individuals with a Disability: The Basics
- Civil Rights Protections for Individuals with an Opioid Use Disorder
- Medication-Assisted Treatment and Common Misconceptions
- Child Welfare Case Staffing: Social Worker and Supervisor
- Child Welfare Case Staffing: Child Welfare Court Case

Available @ https://ncsacw.acf.hhs.gov/topics/medication-assisted-treatment.aspx
Technical assistance tool provides information for child welfare, substance use treatment, healthcare, and other community agencies serving adolescents at risk of misusing or abusing substances.

Highlights adolescence as a unique stage of development – one that requires professionals to take a tailored and collaborative approach.

Guide includes:

- Examples of services and interventions
- Terminology
- Policy considerations
- Family-centered practice strategies

Available @ https://ncsacw.acf.hhs.gov/topics/parental-substance-use-disorder.aspx
Family Centered Approach Modules

https://ncsacw.acf.hhs.gov/topics/family-centered-approach/fca-modules.aspx
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

COMPREHENSIVE FRAMEWORK TO IMPROVE OUTCOMES FOR FAMILIES AFFECTED BY SUBSTANCE USE DISORDERS AND CHILD WELFARE INVOLVEMENT

• Offers a set of proven strategies for communities to implement to improve outcomes for families affected by SUDs.

• Informed by research and several decades of experience working with hundreds of collaborative partnerships

Available @ https://ncsacw.acf.hhs.gov/collaborative/default.aspx
ENGAGING PARENTS AND YOUTHS WITH LIVED EXPERIENCE

• Provides key considerations for collaboratives that are trying to engage parents who have been involved with the child welfare system due to substance use disorder or other mental health challenges.

• Highlights considerations for those collaboratives trying to engage youth who have been in the foster care system.

Available @
Additional Resources on Collaboration

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

ncsacw@cffutures.org | 1-866-493-2758 | https://ncsacw.acf.hhs.gov/
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