

Module 6

Understanding the Needs of Children of Parents with Substance Abuse or Mental Disorders

Role of the Child Welfare Worker

- Assess consequences – Developmental outcomes; needs for mental health service needs, medical care, supports; etc.
- Address child's needs – The responsibility of the child welfare agency.
- Minimum sufficient level of care for children – The State must ensure the minimum sufficient level of care for a child.

Adoption and Safe Families Act (ASFA) Timetables

- Family reunification services - First 15 months after the child enters foster care.
- Case review - Once every 6 months, to determine:
 - Safety
 - Continuing necessity
 - Extent of compliance
 - Alleviation of circumstances
 - Projected reunification date.
- Permanency hearing - No later than 12 months after the child enters foster care, at least every 12 months thereafter.

ASFA Timetables (cont.)

- When a child has been in foster care for 15 of 22 months, the State must request a petition to terminate parental rights, unless:
 1. A relative is caring for the child,
 2. There is a *compelling reason* that termination would not be in the best interests of the child,* or
 3. The State has not provided the family the needed services within the required deadlines.

*For example, when the parent is participating and engaged in the substance use or mental disorder treatment plan.

Indian Child Welfare Act Protection

Purpose

- Protects the interests of Indian families
- Addresses the process and considerations for removing Indian children from their families

ICWA protects unmarried Indian youth under 18 years of age who are:

- A member of a federally recognized Indian tribe, or
- The biological child of a member of an Indian tribe and eligible for membership in a tribe.

Indian Child Welfare Act Protection (cont.)

Most common violations:

- Failure to identify Indian children
- Failure to inform the tribe once children are identified

Fully participate in these provisions

- Make active efforts to contact the appropriate tribes
- Involve the tribes in decisions about the family
- Allow the tribe to take over the responsibility, if it wishes to do so.

ICWA: Strict Requirements

Foster care placement of an Indian child requires *clear and convincing evidence* of *likely serious emotional or physical damage*. Evidence must:

- Demonstrate specific conditions and causal relationship between conditions & likely damage
- Meet the legal standard of "clear and convincing."
- Be "beyond a reasonable doubt."

Impact of Parental Alcohol and Drug Use on Children: Considerations

- Disrupted development – When the environment disrupts physical, emotional, social, or educational development.
- Child's needs -Work with substance abuse and mental health treatment professionals .
- Educate - Help children understand substance abuse and mental disorders in nonjudgmental and supportive terms (define the disorder, not the person).

Childhood Experiences of Parental Substance Abuse

- **Prenatal exposure**
 - May interfere with normal growth and development
- **Postnatal family environments**
 - Inadequate parenting skills and support
 - Violence
 - Living in poverty
 - Parental mental illness

Substance Use by Pregnant Women by Length of Gestation and Number of Infants Exposed

(2003-2004 estimated annual average)

<i>Substance Used (past month)</i>	<i>1st Trimester</i>	<i>2nd Trimester</i>	<i>3rd Trimester</i>
Any Illicit Drug	8.0% women 327,440 infants	3.8% women 155,534 infants	2.4% women 98,232 infants
Alcohol Use	22.2% women 908,646 infants	7.0% women 286,510 infants	4.9% women 200,557 infants
Binge Alcohol Use	10.6% women 433,858 infants	1.9% women 77,767 infants	1.1% women 45,023 infants

Substance Exposure: Role of Child Welfare Worker

- Gather information about the substance use of mother and condition of the child at birth.
- Children under age 3: exam by pediatrician and referral for possible services under IDEA, Part C.
- Older children: exam and refer to local school district for possible specialized pre-school programs and interventions through IDEA Part B.

2003 Reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA)

- Includes requirements for responding to infants prenatally exposed to drugs:
 - Service availability - Ensures that children and their parents have access to treatment and intervention services they need.
 - State responses - The law mandates notification of child protective services only when a child is identified.

Prenatal Exposure: State Requirements

- Policies and Procedures
 - Health care providers must notify CPS of newborns identified as exposed to illicit substances (*not* as an abuse or neglect report or to prosecute).
- Plan of Safe Care
- State Responses Differ
 - Some coordinate with maternal and child health, developmental disabilities, children's mental health, child care, or other agencies.

Prenatal Exposure: CPS Responses

- *Structured decision-making tools* can assess risk and safety – and help workers make informed decisions about safety responses.
- A "*dual-track*" or *differential system* for drug-exposed infants allows CPS to assess reports of substance-exposed births without a traditional investigation.

Prenatal Exposure: Promising Practices

- Treatment and Safety Plans
 - Treatment and safety plans linked through an interagency protocol
- Interagency Protocols
 - Describe information that CPS, treatment, and other agencies will share about family's history
- In-Home Services
 - Voluntary or involuntary home visiting services
- Referrals
 - Developmental screening and assessment; eligibility for services based on prenatal exposure, not type/severity of developmental delay

Postnatal Effects of Substance Abuse - 1

Typical experiences of children whose caregiver uses substances

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

Postnatal Effects of Substance Abuse - 2

- Because of their life experiences, children may have developed feelings, such as:
 - Believing they have to be perfect;
 - Believing they have to become parent to the parent;
 - Difficulty trusting others;
 - Difficulty maintaining a sense of attachment;
 - Difficulty achieving positive self-esteem;
 - Difficulty achieving self-autonomy;
 - Extreme shyness or aggressiveness.

Three Key Responsibilities

- Ensuring children's safety
 - Determine impact of substance use or mental disorder and its relationship to child safety; work with treatment agencies
- Developing a permanency plan
 - Protect and help heal
 - Describe services and supports related to substance abuse or mental health treatment issues
- Providing for the child's well-being
 - Prevention and intervention for substance use and mental disorders in children and adolescents

Children of Parents Who Use or Produce Methamphetamine - 1

Type of Exposure	Implications and Risks
Parents use, abuse or are dependent on methamphetamine	Children face many of the same risks as children of other drug users; parents less likely to be incarcerated.
Mother uses methamphetamine during pregnancy	Birth defects, fetal death, growth retardation, premature birth, low birth weight, developmental disorders, difficulty sucking and swallowing, and hypersensitivity to touch after birth
Parents manufacture drugs in the home	Children most at-risk for contamination and need for medical interventions.
Parents distribute or sell drugs	Children at increased risk due to persons in the home purchasing and/or using drugs.
Parents operate a “Super Lab” manufacturing large quantities of drugs	Children less likely to be in these settings but may experience environmental exposure; parents will be incarcerated.

Children of Parents Who Use or Produce Methamphetamine - 2

- Decontamination process
 - Coordinated with law enforcement/emergency medical services
 - Clothing, toys, blankets, etc. may not be safe
- Physician assessment for health/safety
 - Screen for drug and chemical exposure
- Children may not need to be decontaminated if out of the home for 72 hours
 - Will need to be examined by their physician

Mental Disorders: Impact on Children

- Great variation in impact on children – and they may not be affected at all.
- **Prenatal** impact of parental mental disorders:
 - Genetics
 - Prenatal physical development
 - Perinatal trauma

Prenatal Impact

- *Genetics*: a predisposition for certain mental disorders may be inherited; when inherited in increases the risk in the child.
- *Prenatal physical development*: this depends on the health and care of the mother, which may be affected by a mental disorder.
- *Perinatal trauma*: the birth experience may impact child health, regardless of parent status.

Look for these influences, but don't assume them.

Child Development Impact

- Parental mental disorders do impact child development, but it is not always negative.
- Children initially assess their own personal family experience as “normal.”
- Children generally love their parents, regardless of faults or disorders.
- Children of parents with mental disorders do not automatically develop disorders.

Assessing Impact

- All parental behavior impacts child development.
- For parents with mental disorders, the concern is if or how the disorder impacts security, safety, stability, health, nourishment, emotional bonding, and social opportunities.
- There may be no negative impact.

Children's Mental Health

How child mental health services differ from adult services:

- 1.Children are incomplete and developing;
- 2.Children are raised in families;
- 3.Child- and family-serving agencies exist in every State, with separate missions, funding, and monitoring processes.

Child Mental Health Diagnoses

- DSM-IV diagnostic criteria for children
- Diagnoses should be determined by persons trained specifically for children and adolescents
- Child substance use and/or mental disorders are recognizable and treatable, and earlier is better

Child & Youth Disorders Data

- Nine percent of all children have mental disorders;
- Children who first use substances before age 15
 - are half-as-likely as likely to be dependent adults as peers starting after 18;
 - will continue to use twice as long as peers starting after age 18.
- Youth entering treatment while young will achieve sobriety twice as quickly;
- Of youth entering treatment for substance abuse:
 - 84% were sexually active;
 - 59% were physical, sexual or emotional abuse victims;
 - 79% had co-occurring psychiatric diagnoses;
 - 25% had homicidal or suicidal thoughts in the past year;
 - 16% had actively self-mutilated in the past year;
 - 84% reported any lifetime juvenile court involvement and 68% current;
 - fewer than 1 in 10 had received any prior treatment.

Self-Harm in Children & Youth

- When young people hurt themselves, there is a likely mental disorder or substance use disorder
- Most had frequent contact with juvenile justice and child protective services agencies
- Suicide attempts may or may not have aimed at death; survivors need care.
- Young people respond well to appropriate treatment and care, and earlier is better.

Screening and Assessment of Children's Needs

- Development outside normal expectations.
- Behaviors, emotions, relationships.
- Identify early, so interventions can put child nearer developmental expectations.

Assessment of Children

- Use child-trained professionals.
- Seek input from caregivers and other family members and involve them in all planning.
- Include support services from other systems in the case plan.

Effective Care Strategies

- Seek meaningful family involvement.
- Close cooperation between helpers.
- Exploration through further assessment.
- Child-specific planning teams.
- Peer-support strategies.
- Family advocacy services.

Developing Support Systems - 1

- Ensure child receives a comprehensive assessment (e.g., through EPSDT)
- Make referrals to agencies that include information about the parent's status in treatment
- Link foster parents to training on the effects of prenatal substance exposure or postnatal family environments

Developing Support Systems - 2

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

Talking with Children About a Parent's Disorder

“Your parent’s addiction (or mental 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’re not alone—and there’s 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?”

The 7 Cs of Addiction

Some children with moms and dads who 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 you can deal with it. 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.

Needs of Children with a Parent with a Substance Use or Mental Disorder

- The opportunity to identify and express feelings with a safe and trusted adult.
- Information about substance use and mental disorders to know they are not to blame.
- Screening for developmental delays, medical conditions, mental disorders, substance use disorders, and follow-up.
- Counseling or peer support groups.
- Consistent, ongoing support systems and caregivers who will keep them safe and help them recover.

How Child Welfare Workers Can Help

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

Case Plans and Children's Needs - 1

- Oversee assessments of the child's needs.
- Arrange interventions to address needs and build on strengths.
- Determine strengths/limitations in the family's capacity to meet the child's needs, and which needs may require services.
- Specify services parents need as they progress through treatment so they can meet their children's needs.

Case Plans and Children's Needs - 2

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

Case Plans and Children's Needs - 3

- Promote skills
 - Provide opportunities for children to participate in substance use prevention programs to give them strategies/skills to avoid copying substance-abusing behaviors of 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

Children's Safety Plan: Basic Elements

- Persons who will check on the well-being of children
- Persons/locations where children can be placed if parents abandon them or can't provide a safe environment
- Trigger behaviors to activate safety plans
- Safe havens for children if parents relapse or if symptoms of a mental disorder reoccur
- Respite opportunities

Community Mental Health Resources

- *School systems:* e.g., special education
- *Local juvenile or family court systems:* assessment and treatment
- *Community mental health centers:* specialized child/adolescent expertise
- *Informal helping resources:* in every community

Gather and Maintain Information - 1

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

Gather and Maintain Information - 2

- Ongoing, daily, quality childcare addressing developmental needs
- Regular contact with special education teachers and schools to ensure that children are receiving services and to prevent behavioral problems from untreated medical or learning problems
- Counseling /other referrals for children in recovering families who have returned home, to ensure continued access to ongoing support

Resources for Children with Disabilities

- **Individuals with Disabilities Education Act (IDEA):**
 - Services may include speech and language, sensory integration, occupational therapy, and fine and gross motor skill development.
 - Ask local school district for appropriate providers.
- **Area Developmental Disability Agencies (ADDA)**
 - For children under 3, request diagnostic assistance from ADDA.
- **Service Plan**
 - When a disability is confirmed, the child and family participate in the development of an Individualized Family Service Plan.
- **Local Education Agency (LEA)**
 - For children 3 or older, services can be continued or initiated through the LEA, the school district's designated special education program.