Acknowledgment

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

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After completing this training, child welfare workers will:

• Identify the types of substances and their effects, including methods of use
• Outline the continuum of substance use disorders as mild, moderate, or severe
• Understand the basic brain chemistry of substance use disorders
• Recognize the signs and symptoms of substance use in the context of child welfare practice
• Discuss substance use disorders in a cultural context
• Identify treatment modalities and the continuum of care
• Understand the recovery process, relapse prevention and long-term recovery maintenance
Collaborative Values Inventory

- In different circumstances, any person could be a parent with a substance use disorder
- A person with a substance use disorder should not be held accountable for his or her negative behavior
- If parents with substance use disorders had enough willpower, they would not need substance use disorder treatment
- The stigma associated with substance use disorders prevents parents from seeking treatment

(Children and Family Futures, 2017)
Individual Factors That Increase Risk for Substance Use or Misuse

- Developmental
- Environmental
- Social
- Genetic
- Co-occurring mental disorders

(U.S. Department of Health and Human Services, 2016)
Drug Epidemics of the Decades

1970s

1980s–1990s

2000s

2010s
# Drug Classifications

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Short-term Effects</th>
<th>Long-term Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stimulants</strong></td>
<td>Medications that increase alertness, attention, energy, blood pressure, heart rate, and breathing rate</td>
<td>• Increased alertness, attention, energy; increased blood pressure and heart rate</td>
<td>• Heart problems, psychosis, anger, paranoia</td>
</tr>
<tr>
<td><strong>Central Nervous System Depressants</strong></td>
<td>Medications that slow brain activity, which makes them useful for treating anxiety and sleep problems</td>
<td>• Drowsiness, slurred speech, poor concentration, confusion, dizziness, problems with movement and memory, lowered blood pressure, slowed breathing.</td>
<td>• Unknown</td>
</tr>
<tr>
<td><strong>Hallucinogens</strong></td>
<td>Substances that distort the perception of reality</td>
<td>• Increased heart rate, nausea, intensified feelings and sensory experiences, changes in sense of time</td>
<td>• Speech problems, memory loss, weight loss, anxiety, depression and suicidal thoughts</td>
</tr>
</tbody>
</table>

(National Institute on Drug Abuse, 2018a; National Institute on Drug Abuse, 2016)
## Common Drugs

<table>
<thead>
<tr>
<th>Drug</th>
<th>Description</th>
<th>Short-term Effects</th>
<th>Long-term Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>A depressant, which means it slows the function of the central nervous system</td>
<td>Reduced inhibitions, slurred speech, motor impairment, confusion, memory problems, concentration problems</td>
<td>Development of an alcohol use disorder, health problems, increased risk for certain cancers</td>
</tr>
<tr>
<td>Cocaine</td>
<td>A powerfully addictive stimulant drug made from the leaves of the coca plant native to South America</td>
<td>Narrowed blood vessels, enlarged pupils, increased body temperature, heart rate, and blood pressure, headache, abdominal pain and nausea, euphoria</td>
<td>Loss of sense of smell, nosebleeds, nasal damage and trouble swallowing from snorting, infection and death of bowel tissue from decreased blood flow</td>
</tr>
<tr>
<td>Heroin</td>
<td>An opioid drug made from morphine, a natural substance extracted from the seed pod of various opium poppy plants</td>
<td>Euphoria, dry mouth, itching, nausea, vomiting, analgesia, slowed breathing and heart rate</td>
<td>Collapsed veins, abscesses (swollen tissue with pus), infection of the lining and valves in the heart, constipation and stomach cramps, liver or kidney disease, pneumonia</td>
</tr>
</tbody>
</table>

(National Institute on Alcohol Abuse and Alcoholism; National Institute on Drug Abuse, 2018a)
### Methamphetamine

A stimulant drug chemically related to amphetamine but with stronger effects on the central nervous system

- **Short-term effects:** Increased wakefulness and physical activity, decreased appetite, increased breathing, heart rate, blood pressure, temperature, irregular heartbeat
- **Long-term effects:** Anxiety, confusion, insomnia, mood problems, violent behavior, paranoia, hallucinations, delusions, weight loss

### Marijuana

Made from the hemp plant, *Cannabis sativa*. The main psychoactive (mind-altering) chemical in marijuana is delta-9-tetrahydrocannabinol, or THC.

- **Short-term effects:** Enhanced sensory perception and euphoria followed by drowsiness/relaxation; slowed reaction time; problems with balance and coordination
- **Long-term effects:** Mental health problems, chronic cough, frequent respiratory infections

### Opioids

Pain relievers with an origin similar to that of heroin. Opioids can cause euphoria and are often used non-medically, leading to overdose deaths.

- **Short-term effects:** Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death
- **Long-term effects:** Increased risk of overdose or addiction if misused

(National Institute on Drug Abuse, 2018a)
The Brain Science of Addiction
American Society of Addiction Medicine (ASAM)

“Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”

(American Society of Addiction Medicine, 2011)
Brain imaging studies show physical changes in areas of the brain when a drug is ingested that are critical to:

- Judgment
- Decision making
- Learning and memory
- Behavior control

These changes alter the way the brain works and help explain the compulsion and continued use despite negative consequences

(National Institute on Drug Abuse, 2018b)
The Rise and Fall of the Cocaine High
Effects of Cocaine on the Brain

(National Institute on Drug Abuse, 2007)
Dopamine: 
- A neurotransmitter that is released during a pleasurable experience 
- Connected to the reward circuit of the brain 
- Acts by reinforcing behaviors that are pleasurable 
- Leads to neural changes that help form habits 
- Released during substance use and reinforces the connection between the substance and the pleasurable experience 
- Trains the brain to repeat the pleasurable experience 

(National Institute on Drug Abuse, 2018b)
Dopamine Receptors in Addiction

(Davis, 2007)
Effects of Meth on the Brain

Healthy Person

Meth Use Disorder
1 month abstinence

Meth Use Disorder
14 months abstinence

(National Institute on Drug Abuse, 2013)
Discussion

• Think about the parenting implications for a parent involved in child welfare who is actively using drugs or alcohol.

• Think about the implications for a parent involved in child welfare who has just stopped using drugs or alcohol and is trying to resume normal interactions with their child/ren.

• If you are tasked with observing a home visit, what conclusions might you draw?

• How do we balance compassion, understanding and patience with a parent’s temporarily compromised brain condition, while maintaining parent accountability and child safety?
The Effect of Parental Substance Use on Families
In-Home Indicators of Potential Parental Substance Use

• A report of substance use in the child protective services call or report
• Paraphernalia observed or reported in the home
• The smell of alcohol, marijuana, or other drugs on the parent or in the home
• A child reports use by parent(s) or adults in the home
• Parent’s behavior suggests intoxication
• Parent exhibits signs of a substance use disorder
• Parent reports their own substance use
• Parent shows or reports experiencing physical effects of a substance use disorder and/or withdrawal

Note: This list is not meant to include all possible signs. (Breshears, 2009)
Effects of Substance Use Disorders on Family Functioning

- Child development
- Household safety
- Psychosocial impact
- Parenting skills
- Intergenerational trauma and mental health problems

(Smith & Wilson, 2016)
Alcohol
- Lowers inhibitions, impairs judgment and motor skills
- Parents may have rage or depressive episodes which compromise parenting abilities

Cocaine
- Causes increased irritability and aggression with prolonged use, psychotic distortions of thought
- A child’s cry to a parent may trigger angry and/or excessive reactions

Crack Cocaine
- Causes 5-15 minute high, followed by anxiety, depression, paranoia, and intense craving
- Some parents will do whatever it takes to pursue their habit, even if it means sacrificing the health and well-being of loved ones

Heroin
- Injecting, snorting, or smoking heroin causes initial euphoria, followed by an alternately wakeful and drowsy state
- Children may be left unsupervised by parents who “nod out” while under the influence of heroin

(Breshears, 2009; National Institute on Drug Abuse, 2018a)
The Risks of Parental Substance Use Disorders on Children: Alcohol and Illegal Drugs

Methamphetamine

- Releases high levels of dopamine, which stimulates brain cells, enhancing mood and body movement
- Children may be the victims of parental violence, aggression, and paranoia due to parental meth use

Marijuana

- Slows down the nervous system function, producing a drowsy or calming effect
- Children may be left unsupervised, as parents may fall asleep while under the influence of marijuana.

(Breshears, 2009; National Institute on Drug Abuse, 2018a)
Prescription Opioids

Opioids block the transmission of pain messages to the brain and produce euphoria followed by drowsiness.

Children may be left unsupervised by parents who “nod out” while under the influence.

Stimulants

These drugs are stimulants to the central nervous system, which increase alertness, attention, and energy. A stimulant user may feel energetic with very little sleep.

Because their own sleep-wake cycles are so distorted by the drug, parents on amphetamines may be unable to attend to a child’s need for structure and pattern.

(Breshears, 2009; National Institute on Drug Abuse, 2018a)
Parental substance use affects the whole family

Developmental effects
Psycho-social effects
Effect on parenting
Generational effects
Screening for Substance Use Disorders
Screening: The Role of Child Welfare Workers

Screening

• Signs and symptoms of parental substance use disorders during initial screening or assessment for child abuse and neglect
• Signs and symptoms of parental substance use disorders throughout the child welfare case

Referral

• Refer parent to a substance use disorder treatment provider for further assessment
• The substance use disorder treatment provider may refer the parent to a treatment program

(Breshears, 2009)
The Purpose of Screening

• Determine the risk or probability that a parent has a substance use disorder
  o Screen everyone
  o Use observation, interviews, and standardized screening tools
  o Refer for an assessment by a substance use disorder treatment provider if needed

(Roberts & Nuru-Jeter, 2012)
Substance Use Disorder Treatment
A Treatable Disease

- Substance use disorders are preventable and treatable
- Successful substance use disorder treatment is highly individualized and entails:
  - Medication
  - Behavioral interventions
  - Peer support

"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

(National Institute on Drug Abuse, 2018c; Longo, 2016)
Relapse Rates for Chronic Conditions

Comparison of Relapse Rates Between Substance Use Disorders and Other Chronic Illnesses

- Substance Use Disorders: 40-60%
- Hypertension: 50-70%
- Asthma: 50-70%

(McLellan et al., 2000)
Purpose of Treatment

• Reduce the major symptoms of the illness
• Improve health and social functioning
• Teach and motivate individuals to monitor their condition and manage threats of relapse
1. Impaired Control
   - Larger amounts or over a longer time than originally intended
   - Persistent desire to cut down
   - A great deal of time spent obtaining the substance
   - Intense craving

2. Social Impairment
   - Failure to fulfill work or school obligations
   - Recurrent social or interpersonal problems
   - Withdraw from social or recreational activities

3. Risky Use
   - Recurrent use in situations physically hazardous
   - Continued use despite persistent physical or psychological problem that is likely to have been caused or exacerbated by use

4. Pharmacological Criteria
   - Tolerance: Need for markedly increased dose to achieve the desired effect
   - Withdrawal: Syndrome that occurs when blood or tissue concentrations of a substance decline in an individual who had maintained prolonged heavy use

Diagnosing Substance Use Disorders: DSM-5 Criteria

Severe
6+ Criteria

Moderate
4-5 Criteria

Mild
2-3 Criteria

(American Psychiatric Association, 2013)
Overview of the Treatment Process

- **Early Identification, Screening, and Brief Intervention**: Done at earliest point possible
- **Comprehensive Assessment**: Determine extent and severity of disease
- **Stabilization**: Via medically supervised detoxification, when necessary
- **Timely and Appropriate Substance Use Disorder Treatment**: Address substance use disorder and co-occurring issues
- **Continuing Care and Recovery Support**: Help parents sustain recovery, maintain family safety and stability

(American Society of Addiction Medicine, 2014)
Full Spectrum of Treatment and Services

(National Institute on Drug Abuse, 2018c)
1. Addiction is a complex but treatable disease that affects brain function and behavior
2. No single treatment is appropriate for everyone
3. Treatment needs to be readily available
4. Effective treatment attends to multiple needs of the individual, not just his or her drug abuse
5. Remaining in treatment for an adequate period of time is critical
6. Behavioral therapies are the most commonly used forms of drug abuse treatment
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies

(National Institute on Drug Abuse, 2018c)
8. An individual’s treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.

9. Many drug-addicted individuals also have other mental disorders.

10. Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.

11. Treatment does not need to be voluntary to be effective.

12. Drug use during treatment must be monitored continuously, as lapses during treatment do occur.

13. Treatment programs should test patients for infectious diseases.

(National Institute on Drug Abuse, 2018c)
Services That Parents in Treatment May Need

- Access to physical necessities
- Medical care
- Psychological assessment, and mental health and trauma treatment
- Parenting and child development education
- Child care
- Social services, social support
- Family therapy and health education
- Family planning services

(Werner et al., 2007; Substance Abuse and Mental Health Services Administration, 2009)
Services That Parents in Treatment May Need

- Life skills training
- Language and literacy training
- Continuing aftercare programming
- Support in sustaining visitation with children
- Case management

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

- Parents in treatment may—or may not—see their children
- Visitation is important to children and parents
- Interventions to treat substance use disorders, child neglect, and maltreatment are more effective if family centered
- Prepare children for visits with a parent in in-patient treatment
Family-Centered Approach

Recognizes that addiction is a brain disease that affects the entire family and that recovery and well-being occurs in the context of the family

(Adams, 2016; Bruns, 2012)
Continuum of Family-Based Services

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

- Treatment is comprehensive and inclusive of substance use disorder, clinical support services, and community supports for parents and their families.
- The parent or caregiver defines “family” and treatment identifies and responds to the effect of substance use disorders on every family member.
- Families are dynamic, and thus treatment must be dynamic.
- Conflict within families is resolvable, and treatment builds on family strengths to improve management, well-being, and functioning.

(Werner et al., 2007)
Principles of Family-Centered Treatment (cont’d)

• Cross-system coordination is necessary to meet complex family needs
• Services must be gender responsive and specific and culturally competent
• Family-centered treatment requires an array of professionals and an environment of mutual respect and shared training
• Safety of all family members comes first
• Treatment must support creation of healthy family systems

(Werner et al., 2007)
Mothers who participated in the Celebrating Families! Program and received integrated case management showed significant improvements in recovery, including reduced mental health symptoms, reduction in risky behaviors, and longer program retention (Zweben et al., 2015).

Retention and completion of comprehensive substance use treatment have been found to be the strongest predictors of reunification with children for parents with substance use disorders (Green, Rockhill, & Furrer, 2007; Marsh, Smith, & Bruni, 2011).

Women who participated in programs that included a “high” level of family and children’s services were twice as likely to reunify with their children, as those who participated in programs with a “low” level of these services (Grella, Hser & Yang, 2006).
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.
Treatment Completion

- Progress on treatment goals
- Sobriety and evidence that the parent can live a sober life
- Stabilization/resolution of medical or mental health challenges
- Evidence of a well-developed support system

( Oliveros, 2011; Breshears, 2009; Werner, 2007; Choi 2006 )
When Treatment Is Unavailable

• Be familiar with care and treatment options in the community
• Provide contacts for 12-step meetings and encourage parents to attend
• While waiting for optimal treatment:
  o Help develop safety plans
  o Plan regular contact
  o Suggest lower levels of care
The Cultural Context
Cultural Competency in Substance Use Disorder Treatment

**Culture refers to:**

- Race
- Ethnicity
- Age
- Gender
- Geographical location
- Sexual orientation
- Gender identity

Incorporating community-based values, traditions, and customs can bring about positive change
Culturally relevant substance use disorder treatment should:

• Be compatible with roles, values, and beliefs
• Identify and remove barriers to treatment
• Address language needs
• Be geographically accessible
• Be family-focused

(Kim, 2017; Guerrero, 2017; Center for Substance Abuse Treatment, 2014)
• Federal trust relationship between recognized tribes and federal government

• **Substance use disorder treatment:**
  o Through Indian Health Service (IHS) network or Indian nonprofit agency under contract with IHS

• **Child welfare services:**
  o Under Indian Child Welfare Act (ICWA), tribes have jurisdiction over and operate child welfare services

• Ask about a child's ethnicity to determine if ICWA or IHS should be used

(Park-Lee et al., 2018; Barlow 2018; Center for Substance Abuse Treatment, 2014)
Gender-Specific Components

• **Unique Considerations for Women**
  - Childhood abuse: physical, sexual, and/or emotional trauma
  - Co-occurring mental disorder, domestic violence

• **Comprehensive Treatment Model for Women**
  - Clinical treatment services
  - Clinical support services
  - Community support services

(Substance Abuse and Mental Health Services Administration, 2009)
Recovery
What is recovery?

**SAMHSA’s Working Definition**

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.

(Substance Abuse and Mental Health Services Administration, 2012)
Recovery Occurs in the Context of the Family

- Substance use disorder is a disease that affects the family
- Adults (who have children) primarily identify themselves as parents
- The parenting role and parent-child relationship cannot be separated from treatment
- Adult recovery should have a parent-child component including prevention for the child

(Ghertner et al., 2018; Radel et al., 2018)
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

(U.S. Department of Health and Human Services, 2013)
A Family Focus

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

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

Family Recovery and Well-being
- Basic necessities
- Employment
- Housing
- Child care
- Transportation
- Family counseling
- Specialized parenting

(Werner, Young, Dennis, & Amatetti, 2007)
Recovery Support
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)
Continuing Care or Aftercare: Strategies To Support Recovery

- Alumni group meetings at the treatment facility
- Home visits from counselors
- Case management
- Parenting education and support services
- Employment services
- Safe and sober housing resources
- Legal aid clinics or services
Continuing Care or Aftercare: Strategies To Support Recovery (cont’d)

- Mental health services
- Medical and healthcare referrals
- Dental health care
- Income supports
- Self-help groups
- Individual and family counseling
- Recovery or peer support specialist
Functions of Recovery or Peer Support Specialists

Liaison
• Links participants to ancillary supports; identifies service gaps

Treatment Broker
• Facilitates access to treatment by addressing barriers and identifying local resources
• Monitors participant progress and compliance
• Enters case data

Advisor
• Educates community; garners local support
• Communicates with team, staff and service providers

(Huebner, 2018; Center for Substance Abuse Treatment, 2010)
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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