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

Child Welfare Training Toolkit

National Center on Substance Abuse and Child Welfare
Acknowledgment

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 effects of parental substance use and co-occurring disorders on child development during the prenatal and postnatal period, childhood, and adolescence

• Recognize the effects of parental substance use or co-occurring disorders on family dynamics and the care of children

• Discuss the unique needs of children of parents with substance use or co-occurring disorders, including the child’s own substance use or co-occurring disorders

• Explain treatment strategies, systems of care, and support services available to children
Parents with substance use disorders (sometimes called addiction) can be effective parents.

Addiction to drugs is more serious than addiction to alcohol.

Newborns with positive tests for illegal drugs should be removed from their parent’s custody.

Parents should be reunified with their children only if they abstain from using alcohol and/or drugs.

(Children and Family Futures, 2017a)
Adverse Childhood Experiences: Risk Factors for Substance Abuse and Mental Health
Growing up in a home with exposure to adverse, traumatic childhood experiences is associated with lifelong physical, emotional, psychological, and social challenges. Adverse childhood experiences (ACEs) include:

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

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

(Felitti et al., 1998; Dube et al., 2003)
Prenatal Substance Exposure
90% of states (N = 46) had an increased rate of children under age 1 placed in OOHC from 2012 to 2017

Note: Estimates based on children who entered out-of-home care (OOHC) during the fiscal year. (U.S. Department of Health and Human Services, 2018a)
American Academy of Pediatrics Technical Report

Comprehensive review of ~275 peer-reviewed articles over 40 years (1968–2006)

Effects of Prenatal Substance Exposure

Short-Term
- Birth anomalies
- Fetal growth
- Neurobehavioral effects
- Withdrawal

Long-Term
- Achievement
- Behavior
- Cognition
- Growth
- Language

(Behnke & Smith, 2013)
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<th>Substance</th>
<th>Growth</th>
<th>Anomalies</th>
<th>Withdrawal</th>
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(Behnke & Smith, 2013)
## Long-Term Effects of Prenatal Substance Exposure

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<tr>
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(Behnke & Smith, 2013)
American Academy of Pediatrics Technical Report: Key Takeaways

• While opioids have a strong effect on short-term withdrawal symptoms, other substances—such as alcohol, cocaine, marijuana, and nicotine—show more effects on long-term outcomes.

• Prenatal exposure to alcohol has effects in 9 of 10 domains studied, including short-term/birth outcomes and long-term outcomes.

• There are some substances and outcomes for which there is not consensus or not enough data to determine consensus.

(Behnke & Smith, 2013)
Complex Interplay of Factors

Interaction of various prenatal and environmental factors:

- Family characteristics
- Family trauma
- Prenatal care
- Exposure to multiple substances (alcohol and tobacco)
- Early childhood experiences in bonding with parents and caregivers
- Other health and psychosocial factors

(American College of Obstetricians and Gynecologists, 2017; Bandstra et al., 2010; Baldacchino et al., 2014; Nygaard et al., 2016)
Effects of Parental Substance Use Disorders on Children
Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Removal in the United States, 2000–2017

Number of Children in Out-of-Home Care in 2017 = 690,627

Note: Estimates based on all children in out-of-home care at some point during the fiscal year. (U.S. Department of Health and Human Services, 2018a)
Effects of Parental Substance Use on Children

Children of parents with substance use disorders tend to:

- Stay in the foster care system longer than children of parents without substance use disorders
- Have a lower likelihood of successful reunification
- Have behavioral challenges and become “parentified”
- Struggle in school
- Show developmental delays
- Lack medical care or immunizations

(Breshears, Yeh, & Young, 2009; Child Welfare Information Gateway, 2014; Solis, Shadur, Burns & Hussong, 2012)
Effects of Parental Substance Use on Children

Typical experiences of children whose caregivers use substances include:

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

(Substance Abuse and Mental Health Services Administration, 2004)
Due to their life experiences, children may have developed particular feelings, such as:

- Believing they have to be perfect
- Believing they have to become a parent to their parent
- Difficulty trusting others
- Difficulty maintaining a sense of attachment
- Difficulty achieving positive self-esteem
- Difficulty achieving autonomy
- Extreme shyness or aggressiveness

(Akin et al., 2018; Dickes et al., 2018)
Effects of Parental Substance Use on Children

- A child who grows up in an inconsistent or changing environment, or an environment that provides limited guidance, is at greater risk for experiencing difficulties with interacting successfully in the community as they grow up.

- These difficulties may include:
  - Resistance to rules or authority
  - Experimentation with or use of alcohol or other drugs
  - Social withdrawal
  - Difficult relationships with peers, adults, and others

(Hong & Park, 2012)
Effects of Parental Mental Health Disorders on Children
Parental Mental Health Disorders: Prenatal Impact

Genetics:
• A predisposition for certain mental health disorders may be inherited; when inherited, it increases the risk for the child

Prenatal physical development:
• This depends partly on the health and care of the mother, which may be affected if the mother has a mental health disorder

Perinatal trauma:
• The birth experience may impact child health, regardless of parent status

(Neggers, Goldenberg, Cliver & Hauth, 2006)
Risk Factors for Children

Children of parents with mental health or co-occurring disorders are at an increased risk of the following:

- Exposure to violence and trauma
- Poverty
- Neglect
- Housing and custodial instability
- Mental health or substance use disorders
- Developmental delays
- Stigma and isolation
- Parentification

(National Abandoned Infants Assistance Resource Center, 2012)
The effects of parental substance use, mental health disorders, or co-occurring disorders on children are often very similar.

Activity

• Make a list of how a parent’s substance use or mental health disorder can create risk or safety concerns for children.
Substance Use or Co-Occurring Disorder: Examples of Risks to Children

- Driving with children in the car while under the influence
- Leaving child in an unsafe situation—with an inappropriate caretaker or unattended
- Neglecting or sporadically addressing the children’s needs for regular meals, clothing, and cleanliness
- Providing inadequate supervision even when at home
- Behaving inconsistently toward children, such as a pattern of violence followed by remorse
- Using household funds to buy alcohol or other drugs, while other necessities such as food are neglected
- Lacking the ability to prioritize children’s needs (such as medical or educational needs) over his or her own needs
Considerations of the Effects of Parental Substance Use and Co-Occurring Disorders on Children

Potential for delayed development:
• When the environment disrupts physical, emotional, social, or educational development

Understanding the child’s needs:
• Work with substance use disorder and mental health treatment professionals

Educating children:
• Help children understand substance use and mental disorders in nonjudgmental and supportive terms (define the disorder, not the person)

(National Abandoned Infants Assistance Resource Center, 2012)
Meeting the Needs of the Child
Children reach milestones in how they play, learn, speak, act, and move (crawling, walking, etc.). The Centers for Disease Control and Prevention has put together fact sheets by age on the developmental milestones: https://www.cdc.gov/ncbddd/actearly/milestones/index.html

Child welfare workers can help identify problems early so a child can receive interventions to support healthy development.

- During a home visit, be aware of a child’s:
  - Development outside typical expectations
  - Behaviors, emotions, and relationships
- Ask the parent about their child’s growth and development
- Contact the child’s pediatrician to ask about the child’s development
- If you identify concerns, refer the child for a developmental assessment
Assessment of Children

- Use child-trained professionals to conduct assessments
- Consider the following assessment areas:
  - Mental health
  - Trauma
  - Substance use
  - Development
  - Education
  - Medical
- Seek input from parents, caregivers, and other family members and involve them in the assessment process

(Capacity Building Center for States, 2017; Young et al., 2006)
Effective Care Strategies for Children and Families

Child welfare workers should use the following strategies to ensure that children receive necessary and appropriate services:

• Meaningful family involvement
• Close cooperation between service providers
• Exploration through further assessment
• Child-specific planning teams
• Peer-support strategies
• Family advocacy services

(Walsh et al., 2018)
Special Consideration: Prenatal Substance Exposure

Laws, Policies, and Procedures

• Healthcare providers must notify child welfare of newborns identified as affected by substance exposure

Child Abuse Prevention and Treatment Act (CAPTA)

• Plan of safe care

State Responses

• Requires a collaborative response among state agencies such as maternal and child health, children’s mental health, early childhood, home visiting, and child welfare

(U.S. Department of Health and Human Services, 2016)
Special Consideration: Prenatal Substance Exposure

Treatment and Safety Plans
• Treatment and safety plans linked through an interagency protocol

Interagency Protocols
• Describe information that child welfare, substance use disorder treatment, and other agencies will share about a family’s history

In-Home Services
• Home-visiting services

Referrals
• Developmental screening and assessment
• Eligibility for services based on prenatal substance exposure, not type/severity of developmental delay

(Substance Abuse and Mental Health Services Administration, 2016)
When developing support systems for children, child welfare workers need to do the following:

- Ensure that the child receives a comprehensive assessment (e.g., through the Early and Periodic Screening, Diagnostic, and Treatment service)
- Make referrals to community agencies to support identified needs
- Link foster parents to training on the effects of prenatal substance exposure or postnatal family environments
Child welfare workers should have access to the following services:

- Individual counseling services for children with mental health or substance use concerns
- Substance use prevention and early intervention programs
- Support groups for children of parents with substance use disorders
- Medical screenings and care for physical conditions associated with learning, development, and stress
Gather and Maintain Information

Child welfare workers should also have access to:

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

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

• Appropriate medical or child developmental services as needed

(Child Welfare Information Gateway, 2018)
Developing Support Systems

It is part of the child welfare worker’s job to:

• Help children develop a supportive, nonjudgmental understanding of substance use and mental disorders

• Develop a parent-child visitation program that helps children understand what is occurring in their lives and promotes a safe, positive relationship with parents, if part of the permanency plan
Talking With Children About a Parent’s Disorder

• “Your parent’s substance use (or mental health) disorder is a disease that may cause them to lose control or do things that do not keep you safe or cared for.”

• “You are not the reason your parent has a disorder.”

• “There are a lot of children like you. You are not alone—and there is no reason to feel embarrassed.”

• “Who can you trust who you might talk with about your concerns—a teacher, a close friend, an adult in your family?”

(National Association for Children of Alcoholics, 2018)
Safety Planning With Children

- Encourage and support conversations between parents and children about substance use disorders, treatment, recovery, and relapse
- Provide children with developmentally appropriate answers and explanations
- Empower children to help set rules for their “Safety House” and tell parents who they do and don’t want around
- Help children identify who is safe to call if they are worried about mom and dad
- Mom and dad give permission to kids to “tell on them” if they don’t feel safe
- PRACTICE!!

(Parker, n.d.)
The National Association for Children of Alcoholics developed the 7 Cs of Addiction to help children understand that they are not responsible for another person’s addiction to alcohol or other drugs.

I didn’t **Cause** it.

I can’t **Cure** it.

I can’t **Control** it.

I can **Care** for myself,

By **Communicating** my feelings,

Making healthy **Choices**, and

By **Celebrating** myself.

(National Association for Children of Alcoholics, 2018)
Needs of Children of Parents With a Substance Use or Mental Health Disorder

• The opportunity to identify and express feelings with a safe and trusted adult
• Age-appropriate information about substance use and mental disorders
• Treatment for developmental delays, medical conditions, mental disorders, and substance use disorders
• Counseling or peer support groups
• Consistent, ongoing support systems and caregivers who will keep them safe and help them recover

(Solis et al., 2012)
How Child Welfare Workers Can Help

• Encourage and support parents to engage in treatment
• Monitor the progress of parents to meet their recovery goals and to establish the capacity to care for their children
• Support regular visitation between parents and their children in appropriate settings
• Work closely with the treatment providers to meet parents’ and children’s needs and support positive outcomes

(Mowbray et al., 2018; Vajdic-Pena, 2018)
Case Plans and Children’s Needs

• Oversee assessment of the child’s needs
• Arrange interventions to address the child’s needs and build on their strengths
• Determine strengths and limitations in the family’s capacity to meet the child’s needs, and determine which needs may require services
• Specify the services that the parents need as they progress through treatment so they can meet their children’s needs

(Casey Family Programs, 2013, 2017, 2018)
Case Plans and Children’s Needs

• Collaborate with school and childcare systems to determine how to provide safe and consistent support

• Involve children and youth (as appropriate) in case and treatment planning to gather input, needs, and goals and to identify support systems

• Supervise and monitor the progress of children that parallel efforts being made by and for their parents in treatment

(Van der Put et al., 2018)
Case Plans and Children’s Needs

Promote skills

• Provide opportunities for children to participate in substance use prevention programs to give them strategies and skills to avoid copying the substance use patterns of their parents

Promote expression

• Link children to safe and trusted adults who can help them learn to identify and express their feelings in healthy ways and provide appropriate messages about substance use and mental disorders

(Mowbray et al., 2018)
Elements of Successful Visitation Plans

Parenting time should occur:

- Frequently
- For an appropriate period of time
- In a comfortable and safe setting
- With therapeutic supervision when appropriate
- In normal parenting situations, such as doctor visits and appointments with therapists (when appropriate)

(Filene et al., 2013; Partners for Our Children, 2011; Weintraub, 2008)
Facilitating Quality Visitation

- Rethink language—*parenting time* or *family time* vs. *visitation*

- Recognize visitations as a right and need vs. a privilege, reward, or incentive

- Ensure frequency and duration is guided by needs of child and family vs. the capacity of the child welfare worker or logistics—*best interest of the family or of the system*?

- Provide concrete feedback on parent-child interaction vs. observation, surveillance

(Bullen et al., 2017; Partners for Our Children, 2011; Weintraub, 2008)
Effect of Parenting Time on Reunification Outcomes

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

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

- Parent-child contact (visitation): Research shows frequent visitation increases the likelihood of reunification and reduces time in out-of-home care (Hess, 2003)
Meeting the Needs of Parents and Children
Building Protective Factors to Strengthen Families

- Social Connections
- Parental Resilience
- Nurturing and Attachment
- Concrete Support for Families
- Knowledge of Parenting and Child Development
- Social and Emotional Competence of Children

(U.S. Department of Health and Human Services, 2018b)
Treatment That Supports Families

- Encourages retention in treatment
- Increases parenting skills and capacity
- Enhances child well-being

(Werner, Young, Dennis, & Amatetti, 2007)
Continuum of Family-Based Services

**Parent’s Treatment With Family Involvement**
- 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 childcare, 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)
Rethinking Family Recovery

• Parents’ recovery occurs in the context of family relationships
• Services that strengthen families and support parent-child relationships help keep children safe

About *85% of children in substantiated abuse and neglect cases either stay home or go home.

*Children and Family Futures created estimate based on Child Welfare Outcomes Report Data (Children’s Bureau, 2013)
Family Recovery Is More Than Treatment Completion

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

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

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

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

**Defining parent progress and success:**
From compliance and attendance to desired behavioral changes
- From visitation to parenting time lapse sustained recovery
- From relapse to comprehensive assessment of situation and therapeutic adjustments
- From clean time to successful reunification with lasting permanency

**Changing the language used:**
From automatic change in permenancy plan to established safety supports and protective factors
- From a primary focus on rapid or early reunification to successful reunification with lasting permanency

**Responding to relapse or lapse:**
From automatic change in permenancy plan to comprehensive assessment of situation and therapeutic adjustments
- From a primary focus on risk factors (what could happen) to established safety supports and protective factors

**Broadening scope of goals:**
From handing a list of service referrals to service referrals with a warm hand-off
- From individual parent participant to the whole family

**Reframing decision making:**
From individual parent participant to the whole family
- From a primary focus on risk factors (what could happen) to established safety supports and protective factors

**Engaging participants:**
From handing a list of service referrals to service referrals with a warm hand-off
- From individual parent participant to the whole family

**Redefining the client:**
From individual parent participant to the whole family
- From a primary focus on risk factors (what could happen) to established safety supports and protective factors

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

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

Parental substance use

Domestic violence

Family Recovery and Well-Being
- Basic necessities
- Employment
- Housing
- Childcare
- Transportation
- Family counseling
- Specialized parenting

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

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

www.ncsacw.samhsa.gov
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Resources

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